

# CHEMIST & DRUGGIST

13th year of publication Vol. 197 No. 4805 The newsweekly for pharmacy

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**Editor** Arthur Wright, FPS, DBA  
**Deputy Editor** R. E. Salmon, MPS  
**Markets Editor** W. S. Bowman, MPS, MIPharmM  
**News Editor** Charles Ward  
**Technical Editor** P. J. Merry, BSc, MPS  
**Information Services** I. H. Cotgrove  
**Advertisement Manager** James Lear  
**Advertisement Executives**  
J. Foster-Firth, MPS  
John C. Jackson  
**Production** K. Harman

**Published** every Saturday by  
Benn Brothers Ltd, Bouverie House,  
154 Fleet Street, London, EC4A 2DL  
(01-353 3212) Telex 887026  
Subscription Department,  
Lyon Tower, 125 High Street,  
Colliers Wood, London SW19  
(01-542 8575)

**Midlands office**  
240-244 Stratford Road,  
Shirley, Solihull, Warwicks  
021-744 4427

**Scottish office**  
74 Drymen Road,  
Bearsden, Glasgow  
041-942 2315

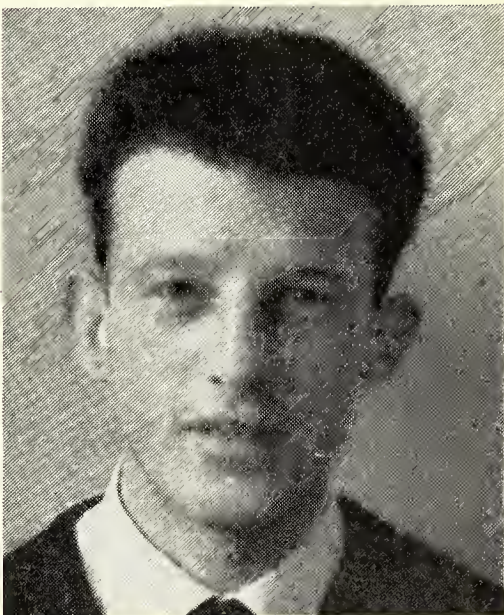
**North East office**  
Permanent House  
The Headrow, Leeds LS1 8DF  
Leeds 22841

**North West office**  
491 Chester Road,  
Old Trafford, Manchester M16 9HF  
061-872 5151

**Subscription** Home and Overseas £8 pa;  
£0.30 per copy (including postage)

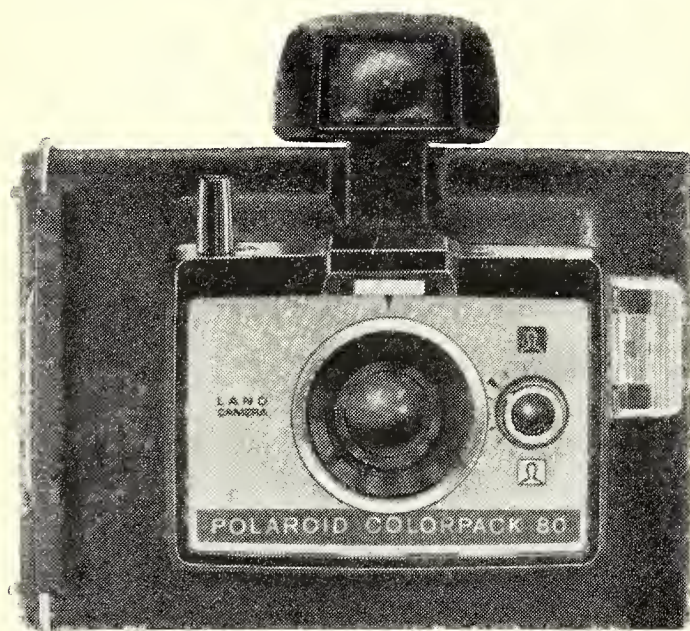
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**A Benn Group Journal**



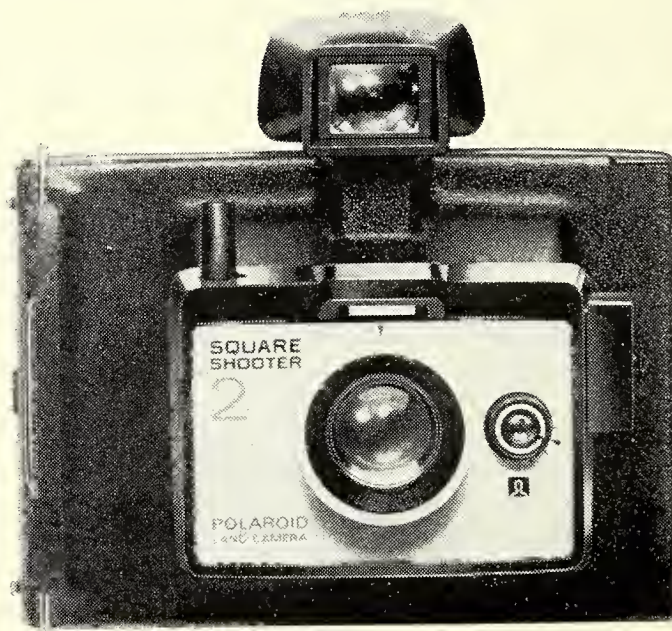
Mr Peter Sharott, retiring president of the British Pharmaceutical Students' Association, had some pointed views on pre-registration training to put to the annual conference. See p 534

# Apart from Instant Pictures they'll also take a lot of money



This is the most versatile of Polaroid's square format instant picture cameras, yet costs only £16.95.\* Colorpack 80 – not only accepts Polaroid Type 88 film to give great colour prints in a minute. It will also accept Polaroid Type 87 pack film to give crisp finished black-and-white pictures in seconds. The flashgun built into the camera, uses four-shot flashcubes.

Polaroid has planned a dramatic colour advertising campaign for Colorpack cameras and so your share of this market segment should expand even more.



The new Polaroid instant colour picture camera for £13.30.\* Well placed in the £10-20 camera market where Polaroid already has a 25% share. Square Shooter 2 uses only Polaroid Type 88 colour pack film to make superb square format finished colour pictures in a minute. Square Shooter 2 has a built-in flash unit that uses battery powered four shot cubes.

Polaroid has planned a dramatic colour advertising campaign for this camera and so your share of this market segment should expand even more.

Contact your local Vestric branch or representative *now*.



\*Suggested Retail Prices

## Vestric Ltd

# OHE backs family planning on National Health

Adding to the mounting weight of opinion in favour of a full and comprehensive family planning service under the NHS is the latest Office of Health Economics report *Family Planning in Britain* (£0.25).

The report suggests the eventual cost of £40-£60 million a year should be considered against the economic benefits to public authorities ranging from 10 to 100 times the initial investment because unwanted children and their families consumed much more than average in welfare resources during the period of dependency.

Furthermore the quality of life among families and unmarried women could benefit from the widespread use of effective contraception which a comprehensive family planning programme might achieve.

The report suggests that major breakthroughs in contraception, such as a male oral contraceptive, are unlikely to become available in the foreseeable future, partly because of increasingly stringent regulations in all countries designed to ensure safety, especially in the field of contraceptive agents.

## Priority

In the immediate future, the report comments, the major priority for the NHS must be an expansion of the use of existing effective birth control methods with a more outgoing service from general practitioners who at present rarely take the initiative in broaching the subject of contraception with patients; an increase in the number and the opening hours of family planning clinics, especially in less privileged areas; more contraceptive advice in maternity hospitals as an integral part of ante-natal and post-natal care; and an expansion of domiciliary family planning services particularly for the poorly educated women, "who will always fail to be contacted unless the service comes to them."

Finally, the report adds that research is needed on the cost and effectiveness of the means of promoting widespread use of effective contraception among different social groups.

It is suggested that there is no good reason why any

family planning agency should not advertise or borrow from any of the other techniques of commercial marketing in order to attain its objectives of preventing unwanted births if research shows that these methods would be effective.

## ABPI officers for 1972-73

Mr Ivar McG. Boden, MA, chairman of E. R. Squibb & Sons Ltd, has been re-elected president of the Association of the British Pharmaceutical Industry for a further year, beginning April 21. Re-elected vice-presidents are Mr J. A. Smith, MPS, (managing director, Upjohn Ltd) and Dr G. E. Paget, MD, DCH, (managing director, Smith, Kline & French Laboratories Ltd).

Mr R. G. Hoare, FPS, (chairman, pharmaceutical division, Imperial Chemical Industries Ltd) is elected vice-president in succession to Mr F. W. Griffin, MBE, BSc, FPS, (BDH Group Ltd) and Mr G. J. Wilkins, BSc (chairman, Beecham pharmaceutical division, and a director of Beecham Group Ltd), retains the office of immediate past-president of the Association.

## Good February for multiples

Multiple chemists and photographic dealers increased their retail sales by 16 per cent in February, compared with the same period last year.

According to Department of Trade and Industry figures issued this week, independents were some way behind with 9 per cent, while Co-operatives managed only 2 per cent.

Indices for the month were: All chemists, 122 (+12 per cent) Independents, 110 (+9 per cent) Multiples, 138 (+16 per cent) Co-operatives, 97 (+2 per cent)

The figures do not allow for receipts under the National Health Service.



Many retail pharmacists and chemists' assistants from the West of Ireland attended a technical evening given recently by Warner-Lambert Ireland Ltd at Claremorris. The audience was given a re-briefing on the company's cosmetic and "ethical" products and also a film was shown on Lentizol, a long-acting anti-depressant drug. The picture shows, left to right, back; Mr Michael E. Doherty (Foxford), Mr Sean MacHale (director and general manager, Warner-Lambert Ireland Ltd) and Mr John Henaghan (Castlebar); left to right, front: Mr Michael J. Durcan (Ballina) and Mr Charles Ward (Crossmolina)

## NPU party visiting Common Market

An on-the-spot study of the latest trends in the pattern of retail pharmacy in the Common Market countries is being carried out this week by a small party of National Pharmaceutical Union representatives who are visiting Belgium, Luxembourg, Holland and Germany.

The party, consisting of Messrs K. R. Rutter (chairman, NPU executive committee), G. T. M. David (chairman, central NHS (chemist contractors) committee and member of the NPU executive committee), J. Wright (director, NPU group) and W. A. G. Kneale (local organisations officer—as interpreter), left London on its seven-day fact-finding tour on April 9.

As well as visiting cross sections of individual pharmacies in each country the NPU representatives have also arranged meetings with: M. Albert Verreydt (secretary general, EEC Pharmaceutical Group and president, L'Ordre Pharmaciens, Belgium); M. de Crayencour (Chief Administrative Officer, EEC headquarters); M. V. Holper and M. Pierre Hippert (president and secretary respectively of the Pharmaceutical Association of Luxembourg); Dr J. H. M. Winters (president, International Pharmaceutical Federation and president of the Royal

Netherlands Pharmaceutical Society); Herr Busch (president, Association of Professional Organisations of German Pharmacists); Dr Kornfeld (pharmaceutical department, West German Ministry of Health); Dr Matzke (West German Ministry of Labour); and Herr Hans Albertz (director of NOWEDA—pharmacist-owned wholesalers in Essen).

The remaining Common Market countries are being similarly visited at a later date.

## Monopoly suggestions

Instant-developing film was one of the subjects suggested for investigation by the Monopolies Commission during 1971. The principal grounds of the complaint concerned the effects of monopoly on prices to consumers.

The effects of monopoly on ability to obtain supplies were grounds of suggested investigations into the supply of soap powder, sodium chlorate, cosmetics, photographic goods and ethical drugs. That information is given in the annual report by the Department of Trade and Industry 1971 on the Monopolies & Mergers Acts 1948 and 1965 (HMSO, price £0.13). The Secretary of State is not bound to act on the recommendations.

## Slower growth rate for cosmetics?

Consumer expenditure on cosmetics has not risen as fast as some might have expected, and growth over the next five years is likely to be more modest than the increase from £56.1 million at retail selling prices in 1965 to £65.3 million in 1970.

These were among the findings of the third and final part of a series on the UK cosmetics market, published in *Retail Business*.

In dealing with make-up, the latest report, published in the April issue, found that the move towards all in one products and away from liquid foundations, and consequently from face powders, has continued.

In all three sections of the series, distribution patterns were examined and it was concluded that the most significant trend is the erosion of retail pharmacists in favour of direct sales and department stores.

The second part of the report dealt with lipstick, manicure preparations and eye make-up.

Eye make-up, as mentioned in the first report, had the biggest sales increase in recent years. In 1970 chemists distributed 50 per cent of sales of those preparations with variety stores 22 per cent, states the report.

Chemists also predominate in the distributing of nail polish

products. The report estimates that they account for 65 per cent sales. The report says that Avon are eroding away the chemists' market share.

*Retail Business 169, Economist Intelligent Unit, 27 St James's Place, London SW1A 1NT.*

## 'Pollution' check on pesticides

On the advice of the Royal Commission on Environmental Pollution, the Government is to consider the provision of "appropriate controls" over the uses of pesticides outside agriculture and food storage.

That information was given in the House of Commons on Tuesday by Mr James Prior, Minister of Agriculture, who said a study into the need for such controls was being arranged by the Secretary for the Environment. But he added: "So long as the Pesticides Safety Precautions scheme continues to work effectively, legislation will not be introduced to control the use of pesticides in agriculture, food storage, and related areas."

However, legislation would not be ruled out as the "ultimate sanction" to control substances which could harm the environment through misuse and, in the opinion of the Royal Commission, had harmed the environment.

## Ban on Koscot is lifted

A ban on Koscot Interplanetary (UK) Ltd, of Nottingham, operating their bank account, imposed at the end of last month, was lifted by the High Court on Tuesday.

Koscot, and an associated Swiss company, Koscot AG, have been accused of "pyramid selling" in their cosmetic business and winding up petitions have been presented against them by the Department of Trade and Industry "in the public interest".

The companies gave undertakings to the court that until the petitions have been disposed of, they would not grant or sell franchises for the sale of their products and not pay commission to any person for

the introduction of any new franchise.

Koscot Interplanetary, who also undertook to pay all monies received for their account into their existing banking account, were given permission to draw up to £3,000 a week on their bank account for use in the course of business.

Mr Ashe Lincoln, for Koscot, said there had been a change in the directorship of the company and those now in charge were anxious to give assurances that no distributorships for Koscot or its associated company would be sold. The only business it was intended to carry on until winding up petitions had been heard was that of a genuine cosmetic business.



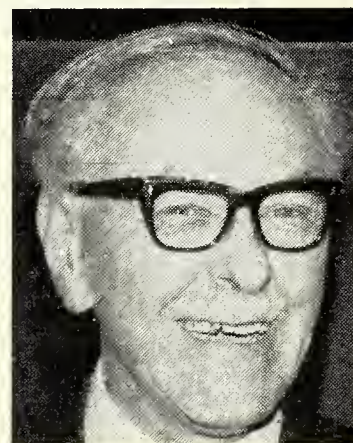
Ingela Hedebrö from Sweden, Brian Spence (left) and Dennis Morrison both from Northern Ireland, were visitors to this year's BPSA conference. Mr Morrison is president of the Belfast Pharmaceutical Students' Society. The conference report begins on p 534

## Dover hospital pharmacist awarded Evans medal

The Evans Medal was presented to Mr J. W. B. Fish, pharmacist, Buckland Hospital, Dover, during the Guild of Hospital Pharmacists weekend school at Guildford, on April 8 by Mr C. F. Ross, packaging specification manager, Evans Medical Ltd.

Mr T. D. Clarke, Guild president, said Mr Fish had done a tremendous amount of work for the ordinary member of the Guild and was now the Guild Council's elder statesman and expert on council matters.

Replying, Mr Fish said that he had always associated medals with bravery, but he had never thought of himself in that way except perhaps when the Guild Council had told him what he should say to a branch and perhaps even more so when the branch had instructed him on what he should say to the council.



Mr J. W. B. Fish

## No hypermarket for Perth

Perth Town Council have refused a second application by Maxwell Property Development Co Ltd, Linlithgow, for a site at Dunkeld Road, Perth, for a "superstore." They previously rejected a North Muirton project by the same company.

Reasons have been given by the Council detailing their objections, the first such list to be provided by a Council in Scotland on hypermarkets.

## US packs rule for methyl salicylate

The US Food and Drug Administration has published final order requiring special "child-resistant" safety packaging for all preparations containing more than 5 per cent methyl salicylate.

The action is being taken under the Poison Prevention Packaging Act, which has already been applied to aspirin packaging and certain liquid furniture polishes.

Liniment preparations accounted for 1,186 reported ingestions among children under five during 1970, according to reports to the FDA National Clearinghouse for Poison Control Centers. Reporting is incomplete, however, and it is estimated that the actual number of ingestions may have been ten times more.

## Slimming without calories'

Eating as much as you like—"the right foods" is the maxim of a new approach to slimming developed by Professor John Yudkin and Servier Laboratories, and presented to doctors this week.

Speaking at a Press conference to launch the Servier Unit Eating Guide on Tuesday, Professor Yudkin, emeritus professor of nutrition at Queen Elizabeth College, said that the problem with ordinary diets was that they were "something you go on and therefore something you come off." His new guide aimed to be something for everyone, whether overweight or slim, should follow as a matter of good nutrition.

The guide's concept is to keep carbohydrate consumption down to a low level by taking little of the carbohydrate foods, but as much non-carbohydrate as desired.

Foods have been sectionalised into three groups, calculated on a basis of units in place of calories, with an average target of 12 units per day being needed for a nutritional intake of foods.

Group A consists of all non-carbohydrate foods such as meat, fish, poultry, eggs, cheese, green vegetables, butter, margarine and cream. This group has no "unit" value.

Group B consists of foods that contain some carbohydrate but are needed because they contain useful vitamins or minerals not always sufficiently provided in Group A.

Foods in this group include milk, fruit, beans, carrots and have a low "unit" value.

Group C consists of foods that are rich in carbohydrate and do not contain much in the way of nutrients.

Professor Yudkin said that he had been using this kind of diet for 18 years and found it worked better than "calorie counting" it was hoped that doctors would encourage mothers to bring up their children following the guide so as to avoid further problems associated with overweight. Indeed, the Professor said he would introduce cereals only sparingly into the infant's diet—and would not add sugar—moving onto meats, etc, as quickly as possible.

Details of the Servier Guide have been sent to doctors, and pharmacists can also obtain copies of an explanatory booklet for distribution to patients.

## COMPANY NEWS

### Syntex take over Rybar

Syntex Pharmaceuticals Ltd have acquired the whole of the share capital of Rybar Laboratories Ltd. A spokesman for Syntex said it was for "an undisclosed sum".

Rybar products will continue to be made available to the medical profession through chemists and there are no changes in the routine for ordering the products.

### More products from ICI

The range of products sold by Imperial Chemical Industries pharmaceuticals division's medical aids department will expand considerably this month with the acquisition of more than 30 lines.

This follows the termination of an agency agreement between Mediplast, the Swedish company in which ICI acquired a majority shareholding last year, and Henleys Medical Supplies Ltd, London. Henleys have sold the Mediplast range in the UK for 10 years.

ICI now intend to launch a full marketing operation for its medical aids products, which include the Propathene disposable forceps, Mediplast's catheters and tubes, sterilising bags, spinal fluid manometers, and other products. They will be sold by ICI companies in Germany, Switzerland and Austria as well as in the UK.

ICI pharmaceuticals division formed its medical aid department last May.

### Philip Harris offer shares

Philip Harris (Holdings) Ltd (through Murray and Co) are offering for sale 960,000 ordinary shares of £0.20 each at £0.95 a share.

Following the offer the directors will be interested in 16 per cent of the ordinary capital with Britannic Assurance Company holding 24.5 per cent and the Midland Trust about 3.7 per cent.

### More space for Ravina

Ravina Marketing Co have obtained new premises at Bletchley consisting of 11,000 sq ft of factory and office space. The new premises will enable the company to increase manufacturing capacity and allow for easier distribution to their increasing network of wholesale customers throughout the United Kingdom and Ireland, the company state.

From April 24 the address will be 3 Barton Road, Water Eaton Industrial Estate, Bletchley, Milton Keynes, Bucks (telephone: 09082 71888).

### Cash offer for Ashe Chemical

The offer of Whitehall Holdings Ltd and Orion Bank Ltd to acquire all the ordinary shares of Ashe Chemical Ltd has been accepted in respect of 13,979,689 ordinary shares being 83 per cent of the ordinary shares for which the offer was made.

The offer has been declared unconditional and will remain open until April 28. It is intended to transfer the ordinary shares of Ashe acquired pursuant to the offer to International Telephone and Telegraph Corporation.

A second interim dividend of 8½ per cent has been declared for 1971 by Ashe.

### Lincs pharmacy changes hands

Mrs S. M. Hopkins, MPS, Penarth, South Wales, has taken over the pharmacy at 11 George Street, Barton-upon-Humber, Lincs, which for many years has been carried on by Mr J. F. C. Lee, MPS, FSMC. Until new premises are ready in George Street, Mr Lee will continue his optician's practice at the same address.

The business has been in the hands of the Lee family since 1896 when the late Mr J. C. Lee, father of Mr J. F. C. Lee, took over the pharmacy of Tomlinson & Crowder after working in London, and also had a wholesale chemist's business. The wholesale side closed about five years ago.

### Needle maker's new factory

Coopers Needle Works Ltd, manufacturers of hypodermic

needles, now occupy new premises set back from Aston Lane, Birmingham. Designed and built at a cost of £50,000 the new factory replaces premises which fronted the main road.

The business was started in 1933 and acquired by the present owners in 1937. Mr A. Rowley is chairman, and his son, Peter, is the managing director.

From 5,000 needles a week production has grown 50 times.

### A & W's sales and profits

A "breakdown" of Albright & Wilson Ltd's sales and operating profit for 1971 given in the annual report shows that of sales amounting to £123.9m in 1971 (£129m in 1970) and operating profit £5.5m (same) general and fine chemicals and miscellaneous accounted for £39.8m (£38.7m) and £1.6m (£1.4m); detergent raw materials £29.6m (£27.6m) and £3.4m (£2m); flavours and fragrances £19.9m (£19.4m) and £1.8m (£1.7m); agricultural products £15.9m (£19.4m) and £0.9m (£0.5m).

### In brief

**A. Frost, MPS,** has closed his pharmacy at Graiseley Lane, Wednesfield, Wolverhampton. The new address is 18 High Street, Wednesfield, Wolverhampton.

**Gross Cash Registers Ltd** had profits of £1,622,158 for the year ended September 30, 1971. The final dividend recommended is 10 per cent making 15 per cent for the year.

**Inter-Alia Pharmaceutical Services Ltd:** Mr M. J. Spencer of Stoy Hayward & Co, 95 Wigmore Street, London W1H 9AA has been appointed receiver and manager.

**Mr Ben Janetta, MPS,** has taken over the business of J. McBeath, 7 The Square, Culter, Aberdeen. Mr McBeath, who has been ill for some time, has retired.

**Smith & Nephew Ltd** have awarded prizes totalling £350 in value to three representatives and an area manager. They receive the awards for showing the biggest percentage increase in Elastoplast sales in 1971 over the previous year. Winners were: David Peters (£150); Gerry Tribe (£75); Ken Eastwood (£25); area manager's prize: Les Bateman (area manager, £100).

## Appointments

**Bristol-Myers Co Ltd** have appointed Mr H. Butler to the newly-created post of new products development manager, Bristol-Myers products division.

**Upjohn International Inc** have appointed Dr Giovanni Papan-drea manager of chemical commercial development for Upjohn's international division.

**James Beattie Ltd:** Miss Jennifer Rose who buys perfumery for the company's branches in Birkenhead, Solihull and Dudley has taken on the buying for the group.

**Optrex Ltd:** Mr David Millard, 37, export controller for Optrex (Overseas) Ltd, has been appointed to the board. Mr Alan Woodhall, assistant managing director, Keldon Ltd (the distribution company for Optrex) has been appointed to the board of Optrex Ltd.

**Rockware Group Ltd:** Mr P. L. Jackson, technical/commercial director of Rockware Glass Ltd, has been appointed to the board of Rockware Group. Five new directors of Rockware Glass have been appointed, they are Messrs. P. Coward, W. Crombie, H. B. Griffiths, C. J. Squires and A. D. Taylor.

**Ward Blenkinsop & Co Ltd:** Mr P. Gibson takes over the duties of marketing manager of Ward Blenkinsop & Co Ltd as from May 1. On the same date, Mr M. Lovatt-Williams is appointed to the position of sales manager (UK) and Mr Harley Watkins, export sales manager, pharmaceutical and industrial fine chemicals.

## Deaths

**Lacey:** Recently Mr Henry Cawthorn Lacey, MPS, 145 Warwick Avenue, Derby, aged 55. Mr Lacey studied at the College of Pharmacy, Birmingham University, and qualified at Edinburgh in 1938. Mr Lacey went into business on his own account at Burton in 1954, and three years later took over his business in Friargate, Derby. Until recently he was chairman of Derby Branch of the Pharmaceutical Society.

**Polyblank:** Recently, Mr Edwin George Polyblank, MPS, 56 Ebrington Street, Plymouth, Devon. Mr Polyblank qualified in 1932.

Mr A. G. M. Madge writes: The Plymouth Branch of the Pharmaceutical Society has lost one of its most respected pharmacists in the death of Edwin

Polyblank after a long illness. Commencing business in the "depression years," he made his aim service before self and despite having his pharmacy destroyed in the "blitzes" which meant starting again he built up a well-known pharmacy. He served his fellow pharmacists for 21 years on the Pharmaceutical Committee and held the office of chairman. Edwin was known for his perseverance, shrewd sense, knowledge and above all, understanding, and set an example in city and pharmacy life for others to follow. He leaves a widow, a pharmacist son Peter, who has now taken over the business and three daughters to whom all Plymouth pharmacists extend their deepest sympathy. We all salute the passing of our "Poly."

## NEWS IN BRIEF

□ The 1972 Calendar of the Pharmaceutical Society of Ireland is now available from the Society's registrar, 18 Shrewsbury Road, Ballsbridge, Dublin 4. The Calendar includes the registers.

□ Venue for the Manchester NPU meeting on April 27 to hear about the projected voluntary trading organisation is Belle Vue Banqueting, Bavaria Suite, Hyde Road (last week, p469). All meetings will be addressed by Mr D. N. Sharpe and Mr A. G. Trotman.

□ The 12th Photokina Cologne, World Fair of Photography, will be held from Saturday, September 23 to Sunday, October 1. About 700 exhibitors will attend. At the end of March the organisers had received bookings from 55 companies from Great Britain.

□ Two more in the Department of Employment's series of booklets on the Industrial Relations Act are now available free from Employment Offices. They are "Rights of the individual" and "Agency shop agreements".

□ Themis Chemicals Ltd, Vapi, India, commissioned a vitamin with the B<sub>12</sub> plant recently, with the help of Medimpex of Hungary. The plant will also produce hydroxocobalamin. Anti-tubercular and cardiac drugs will be produced in the near future. Hungary, which has been supplying equipment and technical "know-how" to Indian industry so far will, for the first time, contribute to the capital as well.

# Topical reflections by Xrayser

## Social pressures

Two separate reports in my weekend reading express concern over the increase in the prescribing of hypnotic and tranquillising drugs. One of these comes in the form of a report on the misuse of drugs in Scotland, published by HM Stationery Office, and the other is an article dealing with drugs and society, by Dr Peter Parish, senior research fellow at the Medical Sociology Research Centre at University College, Swansea.

Dr Parish states that "fashions" in prescribing these drugs seem to be greatly influenced by sales promotion from pharmaceutical companies. Such a discovery will not occasion surprise among pharmacists. There was a time when the bromides and chloral hydrate were sufficient to meet emergencies, but the growth since that time of organic hypnotics has been phenomenal.

But while statistically interesting, the reports do not take us very far in finding out why the use of psychotropic drugs continues to increase. It is a fact, as Dr Parish says, that fashions in prescribing are influenced by sales promotion, but that seems to argue only that particular drugs achieve popularity under pressure. Before such pressure can be effective the need for the use of *some* drug must be present, and the patient must consult his physician.

It is not sufficient to call, as the Scottish document does for more discretion on the part of the doctor, who is unable by himself to influence the pace of modern life, fear of redundancy at work, or the shattering and wearing effects of noise. It may be argued that none of these is new in society though the degree may differ, but the doctor is called upon to patch a leak, not to carry out heroic surgery on a disease which is social and universal. The responsibility for that lies at Westminster.

## Weights and measures

The preoccupation of mankind—which, in this case, includes womankind—with the eternal problem of weights and measures shows no signs of abating, and with summer or the wing the campaign to shed a little weight with the winter clothing is again a serious problem. One wonders if, perhaps the introduction of metric calibrations will confuse the issue in the same way as decimal coinage has done in another direction, and the participants will decide that the struggle naught availeth. It seems unlikely, for one does not require an inch or a centimetre tape to discover that last year's summer suiting has shrunk since it was last worn.

And so the public—I am not ungallant enough to differentiate between the sexes—attacks its surplus weight by one or other of the many ways now open to it, though the Spotlight on Slimming appeared to me to refer too often to obesity. It seemed a little unkind, and something of a stigma. Let me have men (and women) about me that are at least pleasingly plump.

## Laborious days

Meanwhile, those who scorn delights and live laborious days have life made a little less difficult by the ingenuity of manufacturers who provide a wide variety of foods and flavours to fortify the will.

But all in the throes of the battle will continue to marvel at their fortunate sisters who have voracious appetites and indulge them to the full, gorging themselves on the richest of foods, and continue to look own-sister to that Cassius of the lean and hungry look.

# If you're self-employed, this pension plan will save you an awful lot of tax.

Working for yourself has its rewards.

But it has its penalties, too.

Tax concessions, for example, seem to be few and far between.

And while your employees are covered by the firm's pension scheme, you aren't.

So a pension plan that contains enormous built-in tax concessions and has been created specifically for anyone ineligible for a company pension scheme should command your interest.

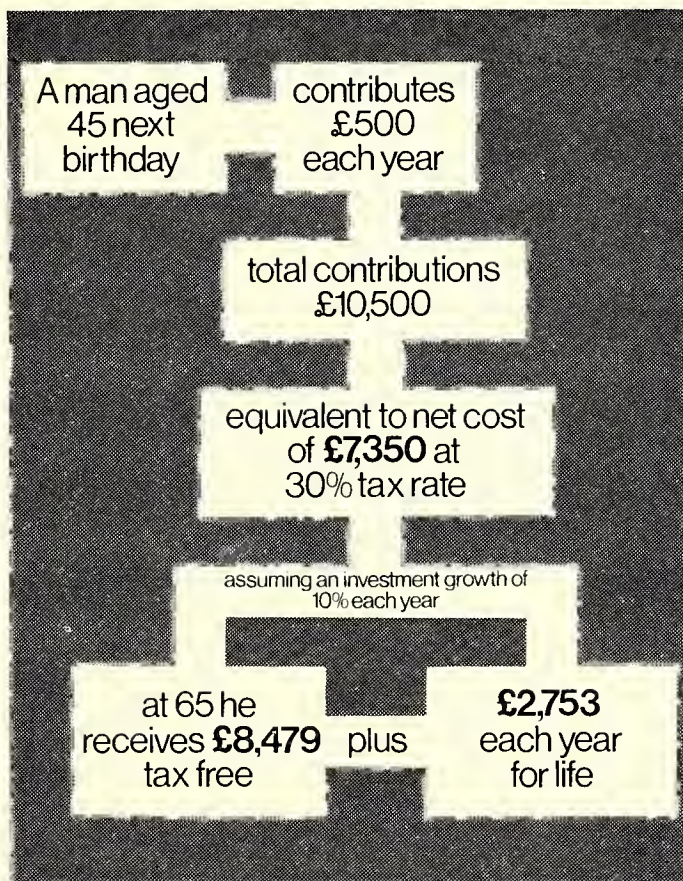
The Abbey Investment Annuity Bond is just such a plan, providing not only security with tax free growth but also a hedge against inflation.

You can invest up to 15% of your earnings each year, to a maximum of £1,500, in the scheme. Your entire contribution will be eligible for full tax relief, and therefore comes off your income before Income Tax or Surtax is calculated. Which means that if you're paying tax at no more than 50p in the pound the real cost to you of an annual contribution of £500 would be £350.

But the tax savings don't stop with your contributions.

Your investment will accumulate completely free of Income Tax, Surtax and Capital Gains Tax, and when you decide to take the benefit of your investment, which may be at any age between 60 and 70, you will receive a tax free cash lump sum and a pension, which will be taxed as earned income.

An added attraction of the Abbey Investment Annuity Bond is its flexibility.



For example, although the minimum total contribution for the first year is £100, from then on how much you put in is up to you. You can contribute more some years, less in others. You can even pay nothing one year and start again the next.

There is a unique flexibility about where your contributions are invested, too.

You may choose whether they are allocated to units of the Abbey Pensions Property Fund or the Abbey Pensions Selective Bond Fund, or to any combination of both.

And you can convert all or part of the accumulated investment at any time from one Fund to the other.

Again, there is a flexibility about how you take your pension, which may be fixed, escalating or unit-linked.

In addition there is a guarantee that the value of the benefits payable to you on retirement, or to your family if you should die before retirement, will never be less than the contributions you have made.

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Approved Name	Berk Brand Name	Presentation	Packs
Bendrofluzide tablets BP	<b>BERKOZIDE</b> ®	Tab 2.5 mg & 5 mg	100 & 1000
Erythromycin tablets BP	<b>ERYCEN</b> ®	Tab 250 mg	100 & 500
Imipramine tablets BP	<b>BERKOMINE</b> ®	Tab 10 mg Tab 25 mg	250 & 1000 200 & 1000
<b>L-dopa tablets</b>	<b>BERKDOPA</b> *	Tab 500 mg	100 & 500
<b>Methyldopa tablets BP</b>	<b>DOPAMET</b> *	Tab 250 mg	250 & 1000
Nitrofurantoin tablets BP	<b>BERKFURIN</b> ®	Tab 50 mg & 100 mg	100 & 1000
Oxytetracycline tabs/caps BP and syrup	<b>BERKMYCEN</b> ®	Tab & Cap 250 mg Syrup 125 mg/5 ml	100 & 1000 500 ml
Penicillin V tablets BP	<b>ECONOPEN</b> ® V	Tab 250 mg	100 & 500
Phenylbutazone tablets BP	<b>FLEXAZONE</b> ®	Tab 100 mg Tab 200 mg	250 & 1000 250
Quinidine sulphate tablets BP	<b>AURIQUIN</b> *	Tab 200 mg & 300 mg	100 & 500
Tetracycline tabs/caps BP	<b>TETRACHEL</b> ®	Tab 250 mg Cap 250 mg	100 & 1000 100 & 500
Tetracycline mixture BPC		Syrup 125 mg/5 ml	500 ml
Tetracycline hydrochloride BP with nystatin BP tablets	<b>SILTETRIN</b> *	Tab 250 mg	100



**BERK PHARMACEUTICALS LIMITED · GODALMING & SHALFORD · SURREY**

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J.3842

# NEW PRODUCTS AND PACKS

## Cosmetics and toiletries

### For dark skins

Outdoor Girl have introduced a range of make-up designed especially for the coloured woman and called Tawny, because, say the company, what she buys is always something from a European range that she is making do with.

The range comprises nail colour (£0.23) in Water Melon Rose Quartz and Chilli Bean, the same shades as lipsticks which come in two sizes, swivel (£0.23) and child size (£0.14); brush mascara (£0.23) in black velvet; blushers (£0.14), burnt orange in the cream version and bright orange in the powder; liquid shadow (£0.28) in green, mauve and magenta; liquid liner (£0.23) in bilberry; eyebrow pencil (£0.14) in jet; liquid foundation (£0.18) in light, medium, dark and super dark and silk finish powder (£0.18) in light and dark (Myram Picker Ltd, Hook Rise, Kingston By-pass, Surbiton, Surrey).

### Lemon soap national launch

Colgate-Palmolive are launching Fresh lemon beauty soap nationally following test market in Yorkshire which began in June last year.

The product comes in 5oz bath size (£0.8) and 3oz toilet size (£0.5½), and is packed in a yellow, green and white wrapper with black text. The company say the soap has been shown by consumer research to have "strong associations of naturalness, exhilaration and skin care" (Colgate-Palmolive Ltd, 76 Oxford Street, London W1).

### Picot fragrances

Picot have announced Secret de Picot, a new fragrance which makes its debut as a spray mist 28cc aerosol (£0.78) and has been designed to appeal to the young woman who prefers a natural 'green' perfume.

In addition, the spray mist range has been extended to include Suede "for the elegant woman"; Fiesta, "lighthearted and loral" and Le Train Bleu, "sophisticated." The sprays are presented in diamante



bottles with pearl caps, the colour scheme of the outer varying according to the fragrance.

The original aerosol fragrance, Pagan, is also now available as talc (£0.42) in 90g packs, with the same black background and gold motif (Picot Ltd, 11 Queen Caroline Street, London W6 8AR).

### Fresh Amber for men

Max Factor have launched a new fragrance called Fresh Amber in their Factor for Men range of products. It is described as a "modern blend of sharp citrus and green top notes with natural herbs on a background of warm, woody, mossy amber tones".

The range, presented in dark brown and sage green packaging, comprises 200g Lazy Shave aerosol foam (£0.50), 128cc after shave (£0.65), 128cc Cologne (£0.75), 128cc pre-electric shave (£0.65), 122g body talc (£0.45) and 114g spray deodorant (£0.55).

At the same time, the Factor for Men range of toiletries has been renamed Factor for Men Originals (Max Factor Ltd, 16 Old Bond Street, London W1X 4BP).

### Home brewing

#### Tom Caxton lager kit

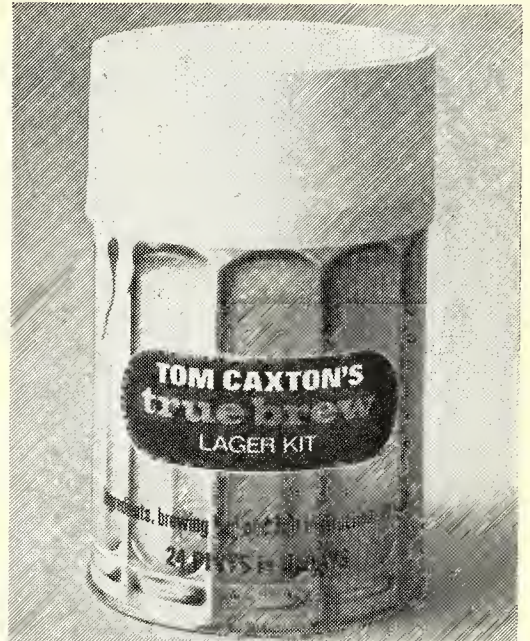
Reckitt & Colman are launching a Tom Caxton home-brew lager (£0.90) to take its place alongside True Brew bitter.

The pack is designed to resemble a pint lager glass, and, like the bitter kit, makes 24 pints in ten days without any special equipment. It is claimed to be "quickest lager home-brew on the market." Each kit contains 2lb hopped wort extract plus brewers' finings, brewers' yeast and a polythene fermentation bag.

Mr N. Clarke, senior product manager for Tom Caxton's True Brew, says: "Since its launch six months ago, the Tom Caxton bitter kit has already become brand leader in the home brew market. With the introduction of our new lager pack, and the £200,000 we are spending this year on advertising, we expect to expand the current £3,000,000 market substantially by the end of 1972" (Reckitt & Colman food division, Carrow, Norwich).

### My goodness . . .

Grey Owl have now added to their range of home brews Unican extra stout in the larger "wine size can" (£0.70). They claim you can write "Unican" in the rich creamy head. Lager and bitter ale, their two best



sellers, have now been made available in a 40g can—a 5-gallon size (£1.05) with a new brighter label. The company has also introduced new display material and a poster "that can be seen across the street" (Grey Owl Laboratories Ltd, Morley Road, Staple Hill, Bristol BS16 4QF).

## PRESCRIPTION SPECIALITIES

### BRICANYL inhaler

**Manufacturer** Astra Chemicals Ltd, PO Box 117, King George's Avenue, Watford, Herts

**Description** Aerosol spray containing terbutaline 0.25mg per metered dose

**Indications** Allergic and intrinsic asthma, chronic bronchitis, emphysema and other lung diseases which may be complicated by bronchial constriction

**Dosage** 1-2 inhalations (with a two minute interval between first and second). No more than 8 inhalations should be necessary in any 24 hour period

**Precautions** Caution is advised in thyrotoxicosis, myocardial insufficiency and hypertension

**Shelf life** Minimum 2 years

**Pack** Inhaler (400 doses) (£1.60 trade)

**Supply restrictions** PI, S4B

**Issued** April 17, 1972

# TRADE NEWS

## Dangerous materials chart

Cambrian Chemicals Ltd, Beddington Farm Road, Croydon, CR0 4XB, have issued a chart of emergency procedures for dangerous materials.

The chart gives at-a-glance information on why a chemical is dangerous, its relative degree of danger and how it should be handled. For example, each substance is rated on a scale of 0 to 5 in terms of its health, flammability and reactivity hazards as well as degree of danger associated with eye contact, breathing, skin penetration, skin irritation and swallowing.

Also given are precautions that should be taken in storing, handling, and disposing of these chemicals. Additional categories are fire fighting methods, threshold limits, flash point, vapour density, density, boiling point, melting point, autoignition temperature, vapour pressure, water solubility, description and synonyms.

General first aid procedures are also given for handling emergencies. The chart is 35in x 45in, printed in four colours on washable Texoprint, and has metal mountings for hanging. Colour coded data gives rapid access to safety information. Cost of the chart is £5.

## NPU support Meto

The National Pharmaceutical Union has selected the Meto price marking machine as the "subject of this year's first, and probably best, price marking offer".

The NPU had previously considered that short-run pricing was "less than easy" and that the older type of bench-top labeller was still to be preferred. "Almost overnight all that has changed", comments the NPU in the *Supplement*. "The claims made appear to be justified and we can now remove our previous reservation".

Meto are supplying their machine and labels to pharmacists for a few days without any obligation to purchase.

## New Novoflex distributor

Michael Wheeler, 18 Warren Street, London W1P 5DB now have the sole UK distributing agency for all Novoflex photographic equipment. They intend to reintroduce the range backed by magazine advertising. The Novoflex system is

designed to both complement and supplement existing camera systems, still and cine, extending their range from macro/micro to very long focus.

## Liquid soap

Johnson Wax have introduced a liquid anti-bacterial toilet soap and companion dispenser. It is available direct through representatives.

The product, known as Fiesta, is said to be lanolin enriched and contains an "extremely efficient germicide," (not hexachlorophane).

The one gallon dispenser is made of white translucent polythene and is claimed to be easily filled without removal from the wall bracket. Further information is obtainable from Johnson Wax Ltd, service products division, Frimley Green, Camberley, Surrey.

## Ananase forte

Crookes Laboratories Group Ltd, Telford Road, Houndmills Estate, Basingstoke, Hampshire, announce that Ananase tablets 50,000 units are discontinued but Ananase forte tablets, 100,000, may be given in all cases where previously Ananase was indicated. Ananase forte has the advantage of presenting the dosage required in half the number of tablets necessary with Ananase. Ananase forte tablets provide a concentration of proteolytic enzymes, bromelains, 100,000 Rorer units per tablet. Two sizes are offered 25 tablets (£1.77½) and 250 tablets (£14.71½).

## Sabrina cotton wool

E. M. Douek & Co Ltd, 62 Gloucester Place, London W1, ask pharmacists who cannot obtain Sabrina pleated cotton wool from their usual wholesalers to contact the company at the above address.

# Bonus offers

Radiol Chemicals Ltd, Stepfield, Witham, Essex, offer 10 per cent extra discount on a direct Biovital vitamin tonic order of 15 bottles, or 6 bottles on a minimum order of £12, the balance being made up from any item manufactured by Radiol Chemicals Ltd—Radian, Radiol, Aspellin or Aradolene.

Winthrop Laboratories Winthrop House, Surbiton-upon-Thames, Surrey, Lenium, tubes 24 invoiced as 22; 60 invoiced at 50. Sachets 72 invoiced as 66; 180 invoiced as 150. Panadol elixir 60ml 12 invoiced as 11; 36 invoiced as 30 (until May 5).

Rapidol Ltd, 32 Dover Street, London W1X 3RA Inecto peach nut oil shampoos and conditioner. Discounts of 12½ per cent and 15 per cent depending upon quantity ordered.

W. B. Pharmaceuticals Ltd, Fulton House, Empire Way, Wembley, Middx. Uvistat cream. 13 invoiced as 12 (until May 31).

Grey Owl Laboratories Ltd, Morley Road, Stable Hill, Bristol BS16 4QF. 12 Unican for 5 gals (6 lager, 6 bitter ale) and 12 extra stout Irish style for 2 gals, less 10 per cent.) 24 Unican for 5 gals (12 lager, 12 bitter ale) 24 extra stout Irish style for 2 gals less 15 per cent.

# PROMOTIONS

## Close-up coupon drop

A 3p off coupon for Close-up toothpaste is being distributed nationally from April 17 via Elida Gibbs' newspaper, *Today's News*, to 12 million homes. This is in addition to 3½ million homes already having received the paper in the product's test market areas, Midlands and West.

To support the coupon, there is a "Close-up Smiles" competition with a £750 prize, included in the publication and a two-week television campaign to boost the offer (Elida Gibbs Ltd, PO Box IDY, Portman Square, London W1).

## Elastoplast TV campaign

A heavier television advertising campaign is being mounted for Elastoplast to run until September, along with Press support consisting of half and full pages in the mass circulation women's magazines.

In addition, *Woman's Realm* are featuring a "Mum of the Year" competition in the April 22 issue which offers prizes valued at over £2,000. To back the two stage contest, the issue includes free Air strip dressings, a 2½p off voucher for Air strip or Stretch Fabric and a First Aid Chart (Smith & Nephew Ltd, Bessemer Road, Welwyn Garden City, Herts).

## New Nikini advertising

Robinson's of Chesterfield are using a photograph of the Nikini brief and pair being worn in their advertising for the first time, which, it is said, will be seen by 9 per cent of all women of menstrual age through leading magazines. The aspects of the product emphasised are safety, security and comfort (Robinson & Sons Ltd, Wheat Bridge Mills, Chesterfield).

## Consumer offer

□ Scheduled for June and July, a 90 foamy milk bath powder free with every Houbigant purchase of £1.50 and above (Houbigant Ltd, 76 City Road, London EC1).

# ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

**Astral:** Ln

**Close-up:** All except E

**Dry Action Shield:** All except E

**Erasmic:** Ln, So

**Elastoplast:** All except U, E, CI

**Harmony shampoo:** All except E

**Milk of Magnesia liquid:** All except U,

**Pears:** M, Lc, Sc, WW, NE, We, B, G

**Phensic:** All except E, CI

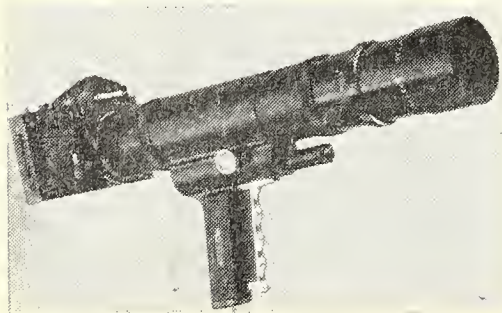
**Sure:** All except E

**Tegrin medicated shampoo:** All except So, E

**Twice as Lasting:** All except E

**US anti-perspirant:** All except U, E

**Wella products:** B



# Troublesome' autoclave was operated by pharmacist IV fluids inquiry told

The pharmacist in charge of the transfusion fluid department at Evans Medical Ltd told a Government inquiry last week that he operated an autoclave in the absence of the usual staff on the day that a contaminated batch was produced.

The inquiry was set up to inquire into how contaminated fluids came to be used in the Devonport Section of Plymouth General Hospital in late February and early March this year. The fluids have been linked with the deaths of five patients.

Mr John Spokes, counsel for the committee, said at the opening that the company had been warned early in 1971 that time and temperature recorders on its machines were obsolescent.

It was on April 6 that year when the contaminated batch (612 bottles) went through the autoclave in question—No. 4. They were supposed to reach 240°F, but no temperature was recorded.

Mr A. Drummond, an autoclave operator, said machine No. 4 was the only one on which the recorder gave him a lot of trouble. On April 6 he switched on the timing device and it appeared to work.

Mr George Sefton, a supervisor, said he had been told several times that temperature recorders on the autoclaves were not working properly. He said the pharmacist in charge of the department, Mr Brian Devonport, would check if sterilisation was being obtained. "Normally it would make this raspberry noise if working correctly."

He said autoclave No. 4 gave most trouble. Sometimes the steam trap would be given "a kick or knock" to clear a blockage. Mr Sefton agreed with committee member, Sir James Howie, director of the Public Health Service Laboratory, that there had been complaints about the temperature recorder on one autoclave. These were so frequent that it became commonplace not to pay attention to it.

## 'No training'

Mr Brian Devonport said he had worked in the general packing and mixture departments at Evans Medical before being transferred to the transfusion department in January 1970. Before the transfer, he had not been trained in the use of autoclaves. About two weeks before the transfer he "made a tour of the department," and the fundamentals of the operation were explained.

He said there was trouble with the recorders, and he spoke to Mr G. Carter, the instrument technician, who said they ought to get new ones. He asked Mr Carter to have them replaced, but Mr Carter told him, after seeing the engineering department, that that "was not to be".

Mr Devonport said that on April 6 last year two of his staff were absent and for the first time he operated the auto-

clave without either of them being there. He operated autoclave No. 4. He accepted that the bottles which were not sterile were in this condition because they had not been sterilised properly in that particular autoclave.

He also had no reason to disagree that the bacteria found in the bottles would have been destroyed if they reached a temperature of 80°C over a few minutes.

Asked by Mr Spokes if he accepted that the bottles in the autoclave could not have reached anything like 115°C, Mr Devonport replied: "Yes, this must be the inference."

Mr Spokes: "Were you quite happy to go on producing batch after batch with no recorder recording at all?" "No. I wanted new recorders."

Mr Devonport said he did not think an analyst would have passed the batch if he had been told that there had been no recording of the temperature. Mr Spokes: "Didn't you think at the time that there was a chance of risking life or death?" "No," replied Mr Devonport.

Mr J. Valentine Smart, the company's pharmaceutical manager, told the inquiry that samples of the batch had been cleared in laboratory tests.

## Complaints not passed on?

Dr C. Smith, managing director of Evans Medical, said he did not think the batch of fluids should have been put in the autoclave on April 6 last year if it was not working properly. He had not heard from members of the staff that there were complaints about the recorders or the autoclaves themselves.

In 1966 and 1967 the firm had been looking at a continuous automated sterilisation process but had decided to continue with conventional autoclaves. "I would want some very firm guarantees that any automated autoclave would fail safe and could not be overridden by someone not obeying instructions," he said. If they had adopted the automated system they would have been guinea pigs, since it was not then in commercial use.

He said there were several practical lessons to be learned from the incident. One was that samples for testing should be taken from the bottom part of the autoclave. Asked if he still had confidence in the instructions drawn up for operation, Dr Smith said: "No, if they can be interpreted in the way they have when something goes wrong."

Questioned by Mr Stokes, Mr Charles McDonald, the company's chief analyst, agreed that for testing of the infusion fluid to be carried out properly sample bottles should have been taken from throughout a crate of the products. While staff from his department were responsible for selecting samples, this he believed was done, but subsequently, unknown to him,

production staff were selecting samples and submitting them for biological testing and analysis. The inquiry had heard that earlier this year sample bottles were only taken from the top rack of crates.

Mr McDonald said he had little sympathy with the view that a shiny bottle-top was a danger signal of contamination. Mr Clothier suggested some help might be derived from consideration of the colour of the cap. He then drew attention to a number of samples in front of the inquiry panel. The bottle with the brightest cap, he said, was the most heavily contaminated with large particles floating around in the fluid.

Mr R. A. Taggart, head of the biological control department, spoke of a control check instituted after a visit by Ministry of Health officials to the Evans plant at Speke in 1966. They had made suggestions about keeping contamination down in various processes, but not specifically the autoclaving. The degree of contamination that might be acceptable was not discussed with them. "It was left to our discretion," he said.

A programme of tests drawn up by a senior bacteriologist included checks on possible contamination on distilled water tanks, said Mr Taggart. These were sealed tanks in which freshly distilled water was collected daily and irradiated by ultra-violet light. The bottles themselves were checked for contamination before filling and checks were made on the solution at various stages in its journey to the filling area. Random samples were taken from the bottles, immediately after filling.

These checks were done about once a week, sometimes more often. Production staff were never warned when checks were to be done. Mr Graham-Dixon: Do you have any recollection of the Ministry saying in 1966 that you ought to do this every day? Mr Taggart: No, not at all.

## Warning procedures

Mr John Flint, principal professional technology officer at the Department of Health, said that when he heard on March 6 about contaminated drip solution, regional pharmaceutical officers throughout the country were alerted first over the possible danger from the particular batch of fluid and later, about what appeared to be a question over other products. He thought the procedure for sending out such a warning was well-established and well-operated but agreed there might have been a difficulty had a warning needed to have been issued on the Saturday rather than the Monday.

Mr W. J. Gall, a consultant surgeon at Devonport Hospital said that two patients died there within three hours of being given an intravenous drip containing 5 per cent dextrose. One patient had been given large quantities of the drip both during and after a major operation. Two other patients also died on March 2 and 3.

Mr Gall described how surgery had been stopped and checks made on the cause of the trouble. His final action was to order the cessation of the use of any intravenous fluid containing dextrose.

Mr Gall said that gross contamination in a bottle of drip, exhibited at the inquiry, could be seen very easily.

# THE COUNCIL CANDIDATES STATE THEIR POLICIES

**Allen Adlington, FPS,** North London, Qualified 1924. Proprietor pharmacist. Elected to Society's Council 1957, president 1967-68. Past president North London Pharmaceutical Association, former chairman, North London branches of the Society and NPU. Member of the Standing Pharmaceutical Advisory Committee, Central Health Services Council, and of the Joint Formulary Committee. Has been a member of the National Pharmaceutical Union Executive Committee (chairman 1956-57) and a member of the Central (NHS) Chemists Contractors Committee since 1950. Member of London Pharmaceutical Committee since 1950, chairman 1953-55. Member of Inner London Executive Council (chairman 1963-66). The Council today is considering many important matters which require experienced negotiation and enthusiasm followed by decisive action.

Amongst the many issues are the implications of entry into the European Economic Community (EEC) and the implementation of a planned pharmaceutical service, both vitally important. The first step of a limitation of contract in health centre areas would show that there are real benefits both to the service for members of the public, and for the pharmacist. Entry on the "Special Register" under the Industrial Relations Act will give Council much food for thought, and action to the benefit of members. Public relations work must be increased. Much has been achieved but there is still a woeful lack of public knowledge of the work of the pharmacist, and particularly its value in the public interest.

The main feature of the Medicines Act will be nullified if commercial interests have their way with the general sale list.

There have been some moves towards the implementation of the Noel Hall report, the appointment of regional pharmacists pointing the way to full career

Pharmacists registered with the Pharmaceutical Society of Great Britain will be receiving their ballot papers next week for the 1972 election. For the seven Council places there are fifteen candidates.

For those voters who are unable to attend meetings to hear the candidates' views the C&D publishes below a brief policy statement from each of the candidates. Voting papers must be received back for counting not later than noon on May 19.

prospects for those who enter the service. Council must play its part in achieving the full measure of responsibility which is so obviously necessary.

The regional structure is working, and has benefited individual pharmacists and the branches. The new post-graduate courses will fill a long felt need and should be outstandingly successful. There is nothing which can replace the personal contact between members of Council and the membership at local level, at regional level or at national conferences and annual meetings.

**Professor Arnold H. Beckett, FPS, BSc, PhD, FRIC, DSc,** Bromley, Kent, qualified in 1952. Professor of pharmaceutical chemistry and head of the department of pharmacy, Chelsea College, University of London. Member of the Society's Council since 1965.

Consistently, I have endeavoured to project the importance of the modern pharmacist as "an expert on drugs and the expert in medicines" and to stress his importance as the bastion of defence between prescriber and patient. Now, again, I place at your disposal my past experience as a Council Member, as an educator, teacher and research worker, as a member of national and international pharmaceutical and medical committees and my experience in presenting the scientific image of pharmacy to the public and to other professions. If elected I will continue to stress: Council must speak authoritatively

but without sectional bias on all matters connected with pharmacy; the role of the pharmacist in hospital and general practice in patient protection; the need for pharmacists to play an increasingly important role in management, research, development, control and detailing in the pharmaceutical industry; the importance of scientific contribution by some pharmacists to support our claims as a "science-based profession"; the necessity for unity in our profession to improve our public image, our negotiating, and bargaining powers; sustained publicity to educate public, professions and politicians that medicines are not ordinary articles of commerce; continuing educational facilities for the pharmacist based on co-operation between the regions and pharmacy schools to ensure that he can improve his public image as a professional man.

**I. S. Benjamin, Biggin Hill, Kent, qualified in 1950.** General manager in wholesale pharmaceutical distribution. Previously in management of retail pharmacy practices and hospital pharmacy. Member of committee, Croydon Branch of the Society since 1957 and currently chairman. Press officer, South-eastern Region. Member of Society for the Study of Addiction.

Pharmacy is facing great changes, and facing them, as usual, unprepared and disunited. In hospital pharmacy, the call last year was for the immediate implementation of the Noel Hall Report. Even whilst the

votes in last year's Council election were being counted, it transpired that the price demanded for commencing that implementation, was the acceptance of totally unrealistic salary scales. In general practice, closures have continued, allied to increasing numbers of health centres. Meeting this challenge involves reconciling ourselves to a smaller membership than exists at present. Only one Council member, Mr Bannerman, has voiced the inevitable conclusion, that we may face a "glut" of pharmacists in future. That possibility must be faced, and the Society must plan now to meet the situation. Pharmacy is unlikely to be saved by voluntary trading organisations. The publicity they have engendered has further divided the profession. They may well make some pharmacies more competitive commercially, but they have nothing to do with professional pharmacy. This election is concerned in choosing pharmacy's professional leaders, not those of other bodies. Members elected to Council this year will be serving when Britain joins the EEC. It is essential that they help take the opportunity offered of practising pharmacy in a more professional environment. It may well be that some Continental pharmacies are losing their professional appearance, but the majority tend towards professional practice, and the pharmacist's status within his community is higher. I represent no sectional interest in pharmacy, but serve them all. I look forward to doing so on the Council.

**J. C. Bloomfield, FPS,** Portsmouth. Qualified in 1940. Proprietor pharmacist. Elected to the Society's Council in 1954, president in 1965-66. Past chairman Portsmouth branch. Past president, and past secretary, Portsmouth Chemists' Association. Past chairman, and past secretary, Portsmouth branch, National Pharmaceutical Union. Chairman, and past secretary, Portsmouth Pharmaceutical Committee. Member of the Portsmouth Executive Council. Founder president, and currently treasurer, British Society for the History of Pharmacy. Member of the Poisons Board. Member of the Council of the Federation Internationale Pharmaceutique Professionnelle. Secretary of the International Section for the General Practice of Pharmacy FIP. Member of the Advisory Council on the Misuse of Drugs.

Great opportunities exist for advancement, but vision and boldness are essential in the profession is to take full advantage of them. As chairman of the Society's Practice Committee I have been particularly involved with the problems of planned pharmaceutical service, and the rapid development of health centres, and I am convinced that the most satisfactory solution is to be found by restricting the right of entry into NHS contract in these areas. I still believe that agreement can be reached within the profession on this issue and this would greatly advance the possibility of amending legislation. I am in regular contact with pharmaceutical organisation throughout the world, and have also close personal friendships with foreign pharmacists, many from countries within the EEC. It will be my aim to secure ratification of draft directives that will improve the professional standing of pharmacists in Britain. But this alone is insufficient. I think that a new basis of remuneration is required to reflect the important and changing role of the pharmacist. The NHS is bel

A. Aldington



A. H. Beckett



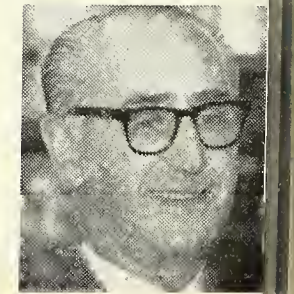
I. S. Benjamin



J. C. Bloomfield



M. Gordon





Howells

structured, and it is essential that pharmacy secures its rightful place in the health team, as an equal partner with medicine and the other health professions. Pharmacists working at ground level in close contact with the community are the most important link in the chain, and their position must be safe-guarded. The appointment of area health authority pharmacists could help to achieve this. Under the Medicines Act we are faced with a general sale list, and a list of prescription only medicines. It is fundamental that the former be as short as possible, and the latter realistic.

**Maxwell Gordon, FPS,** Leeds. *Proprietor pharmacist. Previously medical representative, sales manager, works manager. Member of subcommittee of the Society's General Practice Committee, 1966-1970. Chairman Yorkshire Region since 1969. Chairman elect, vice chairman Leeds Pharmaceutical Committee since 1969. Chairman Leeds Branch of Society 1966-67 and of NPU Branch, 1965-67. Designated Fellow of the Society June 1970. Awarded Charter Silver Medal of Society May 1971. Active involvement in the development of our profession and my concern for its future standing are such, that experience and knowledge deter me from making extravagant promises which could be misleading and impracticable. I make only one promise namely to do my utmost to advance the cause of pharmacy in every possible way. I believe that with progressive leadership and the support of the membership, a bright future for the profession can be assured. By attendance and participation at conferences; by the offices I have held and hold now; by the many calls for my aid and advice on matters pharmaceutical; by representing pharmacy on Yorkshire Television; and by my service on many committees covering all aspects of our practice, I have proclaimed my faith in pharmacy and my desire to work for its future prosperity. I can bring to the Council a proven past and a promise to devote my energies to building a profession that can be handed down to succeeding generations with pride.*

**Albert Howells, OBE, FPS,** Bexleyheath, Kent. *Qualified in 1927. Proprietor phar-*



R. A. Hughes

*macist. Elected to the Society's Council in 1963; President 1968-1970. President Commonwealth Pharmaceutical Association. Member and past chairman, NPU Executive Committee. Member, Central NHS (Chemist Contractors) Committee. A past chairman of Dartford Branch of the Society. Member and founder chairman, Dartford NPU Branch. Past chairman of Kent and Canterbury Pharmaceutical Committee. Past member, South-east London and Kent Executive Council. Member Pharmaceutical Committee for Wales.*

In offering myself again as a candidate for re-election to the Council I do so in the knowledge that it is very easy to make election promises and just as easy to forget them when elected. I prefer to rely on my past record of service to ensure your support. Many of the major problems that face us in the immediate future will require experience and negotiating ability if we are to obtain our rightful position as a major profession in the field of health. The Medicines Act has yet to be implemented. All the indications are that both the general sale list and the prescription only list will present many difficult problems. The Industrial Relations Act will have far reaching effects on us all. Whether the Society gains admittance to the Special Register or not we shall be much involved in the administrative details. The EEC poses a tremendous problem for while it is true that none of the present draft directives have so far been accepted we shall require all the negotiating skill we possess if British pharmacy is to hold its own in Europe. As president of the Commonwealth Pharmaceutical Association I know a little about the practice of our profession outside Great Britain. The reorganisation of the Health Service is causing grave concern to those of us who see pharmacy being repeatedly overlooked by the Secretary of State for Health.

**R. A. Hughes, Colwyn Bay,** qualified in 1931. *Many years with multiple company in the West and North. Latterly proprietor of rural and urban pharmacies in North Wales and the Home Counties. Chairman, Anglesey, North Caernarvonshire and Colwyn Bay Branch of the Society. Member elect of the Denbighshire and*



R. C. Burke Jones

*Flintshire Pharmaceutical Committee and past member of the Executive Council for those counties.*

Many years in pharmacy within multiple and independent businesses make me realise shortcomings within our professional organisation, which we must recognise as being of our own making, attributable perhaps to our collective lack of resolve and appreciation of our responsibility for the future of the service, which largely depends on us, and upon which we are dependent increasingly. I strongly believe that we must heed the warnings of our many sound-minded, younger members, who advocate positive assistance to the Chemist Contractors Committee to attain a more secure distribution of pharmacies serving our public, and to ensure rewards more equitable to our work and responsibility particularly in areas affected by proposed health centres. I advocate much closer formal involvement of the Society in the work of the CCC, and believe that it should look to its employee membership and attempt to establish positive means whereby their interests might be promoted to the ultimate benefit of the whole profession, be they engaged in hospital, general, or industrial practice. I maintain that regional representation on the Council is essential despite beneficial regional conferences, and that nominations parallel to NPU election procedure would ensure a more representative and administrative body. Finally, let us shed our apathy, develop a more professional image, and achieve unity. We MUST use our vote to inspire confidence in those carefully chosen to represent us. My policy, as always, would be to use every endeavour to achieve the solidarity essential to our professional image.

**R. C. Burke Jones, BPharm,** Brentwood, Essex, qualified in 1964. *Member of Council since 1969.*

I seek re-election in order to use my ability and the knowledge gained as your trustee, to achieve a rising standard of living and respect for you. I intend to live by pharmacy alone for another 35 years. Must we become too pre-occupied with internal matters? Support me in establishing ourselves in the public eye as the "Safety Experts" between prescriber and patient, as we have in-



Mrs E. Lucas-Smith

creasingly done with this Government. Would you see an increasing list of banned substances? Press with me for that simple, flexible and effective alternative — sale through pharmacies only — safety through pharmaceutical knowledge and control. Recently, errors of judgement by others have caused a chain of "drug-scares". Three years ago we won the right to counter-prescribe, support me in my fight to have something left to counter-prescribe. A class of effective substances between the general sale and the prescription-only lists, which the scare-mongers want removed, let us conquer fear with knowledge, there is nothing professional about banning or withdrawing drug substances—where is the scope for application of knowledge? Where the pharmacists individual responsibility? Pharmacies still decrease numerically and therefore must increase in size and each utilise more pharmacists. Private pharmacy will then offer satisfaction to young graduates by a marriage of experience and skill to knowledge, giving birth to the "safety experts". I want unity of cause but independence of status. The future is yours and mine, vote for the youngest practising pharmacist candidate. Today's man for tomorrow's world. My colleagues all have something to offer but is it enough?

**Mrs Enid Lucas-Smith, BPharm, MPS,** Langley, Bucks, qualified in 1939. *Proprietor pharmacist; hospital pharmacist on first qualifying. Chairman, Slough Branch of the Society 1959-1960 and 1967-1969. Secretary Slough and South Bucks Branch, NPU. Member Buckinghamshire Pharmaceutical Committee.*

Working for most of the day in my own retail business I am aware that there is much to be done in order to maintain the financial viability of traditional pharmacy in the modern scheme of the National Health Service and the changing shopping patterns. Group practices and health centres play an increasingly important part, and the interests of pharmacy must be preserved. I am working to this end on the local Pharmaceutical Committee, the Executive Council and the County Council, and I believe that it is co-ordination with authorities that will ensure our success in the future. Traditional pharmacy will



D. H. Maddock

survive and I will work for the financial reward for pharmacists in their rightful place as an integral part of NHS. If you agree with my policy please support me and give me your vote.

**David Hopkin Maddock, MPharm,** Cardiff, qualified in 1957, *proprietor pharmacist. Formerly employed in industry and as a medical representative. Member of the Society's Council 1967-1970. Member Executive Committee, National Pharmaceutical Union. Secretary, General Pharmaceutical Committee of Wales. Fellow and member of Council of Institute of Pharmacy Management. Member of Pharmacy Board of Council for National Academic Awards. Past Secretary of the Bridgend Branch, NPU. Past member of Committee, Mid-Glamorgan Branch of the Society; currently member, Cardiff Pharmaceutical Committee; vice-chairman, Cardiff Branch of the Society, Secretary, Cardiff Branch, NPU. Part-time lecturer, Welsh School of Pharmacy. Awarded degree of Master of Pharmacy (Wales) December 1970, for a thesis entitled, "Studies on the Distribution of Health Centres and their Impact upon Pharmacy and the Community". Welsh speaking.*

Already in the relatively short time since qualifying, I have seen many changes in pharmacy. Even more significant events however, are unfolding around us. Regulations are being produced to enforce the provisions of the Medicines Act; the problems of rural dispensing are yet to be resolved; reorganisation of the administrative structures of the Health Service, is actively under discussion; We are embarking upon negotiations concerned with the Common Market; the Noel Hall Report is being implemented in hospital pharmacy, and health centres are contributing to a major shake up in pharmaceutical practice. To date, I have completed the first major study of the impact of health centres. From this work I have suggested a number of proposals—including a fund to cushion pharmacists from the effects of general medical practice reorganisation, and also a method to combat the ruthless leapfrogger. I therefore, offer myself for election, so that I might use my knowledge and experience to assist in fighting, as hard

*Continued on p 528*

# THE COUNCIL CANDIDATES

Continued from p 527

as possible, to unify, consolidate and improve, the professional and financial standing of pharmacy. A profession whose status and high reputation we all strive so hard to maintain.

**C. H. Preston Robinson, FPS, DBA, Mansfield, Notts, qualified in 1932.** Group pharmacist to the Mansfield and Berry Hill Groups of hospitals. Former Admiralty pharmacist. Also experience in general practice with Boots Ltd, the former Timothy White & Taylors and with private chemists. Member of committee, Mansfield Branch of the Society since 1946, its secretary for 18 years; present treasurer and a former chairman. Member of Nottingham Pharmaceutical Committee and of its Pharmaceutical Service Committee. Former chairman and former secretary, East Midlands Branch of the Guild of Hospital Pharmacists. Member of the Pharmaceutical Whitley Council, Committee "C". Member of the General Whitley Council for the Health Services (Great Britain) and of its General Purposes Committee.

At the present time when so many changes are taking place in the Health Service I believe that my many years of experience gained whilst serving on national and local committees will enable me to make an effective contribution to the advancement of the status of pharmacy and also to safeguard and promote its interest. In any reorganisation of the Health Service, pharmaceutical advice must be available at first-hand at all levels of administration. In the interests of public safety the general sale list of the Medicines Act should be kept as small as possible. The maximum amount of individual professional freedom and responsibility must be preserved in the hospital service. Any draft pharmaceutical directives issued by the EEC must be carefully considered before any agreement is reached. The effect of the Industrial Relations Act on employer-employee relationships within the profession must be carefully studied. I favour the appli-

cation of all practical measures to dissuade establishment pharmacists "leap-frogging" towards a health centre or group practice. As the medical profession receive little instruction in pharmacy or dispensing I strongly oppose any extension of dispensing or supervision of dispensing by doctors. The sale of medical products in supermarkets should be discouraged.

**David N. Sharp, North London, qualified in 1957.** Member of the Society's Council 1967-70. Member of NPU Executive Committee 1968 onwards. Member of Central NHS Contractors Committee. Immediate past chairman Inner London Pharmaceutical Committee. Past secretary and chairman, Hendon and Edgware Branch of Society.

The probable entry of the UK into EEC on January 1, 1973 will have far-reaching effects on the practice of pharmacy in Great Britain. Council has had in its possession for many months draft directives outlining the changes envisaged, yet incredibly, no official statement of policy has been made. This must be rectified immediately. The duty of Council is to protect both the professional and, indirectly, the economic well-being of the profession and it therefore must, as a matter of urgency, consult members throughout the country and take note of their comments so that when, eventually, a policy is formulated it reflects the collective views of all sections of pharmacy. The planned distribution of pharmacies can and must be shown to be in the interests of both the public and the profession. Parliament must be persuaded to legislate so that the livelihood of members and the availability of a comprehensive pharmaceutical service is protected. To that end provision must be made for the opening of pharmacies in major new developments and the right of appeal against refusal of a NHS contract must be incorporated within the act. The prolonged dispute about

rural dispensing must be speedily resolved. The implementation, so far, of the Noel Hall report has not produced a satisfactory economic structure for hospital pharmacy. Every support must be given to our colleagues in the hospital service. If re-elected to Council I will do my utmost to ensure an improvement in both the status and the financial rewards.

**C. C. B. Stevens, OBE, LLB, FPS, barrister-at-law, Congleton, Ches, qualified in 1934.** Industrial pharmacist. Past chairman of the Stockport Branch of the Society and past secretary, Halifax Branch. Past auditor to the Pharmaceutical Society. Member of Council 1966-1972. Member of Council Institute of Pharmacy Management. Past president Industrial Pharmacists' Section, International Pharmaceutical Federation. Legal member expert working groups of United Nations and World Health Organisation. Visiting lecturer to a number of schools of pharmacy. Member East Cheshire Hospital Management Committee, Manchester Regional Hospital Board, Public Health Laboratory Service Board, and Pharmaceutical Whitley Council Committee "C". Member of Noel Hall Working Party. Chairman of Legislation Committee in European Free Trade Association and observer at EEC committees on pharmaceutical legislation.

When Mr W. M. Darling was elected president for the second time, he stated that never before had so much new legislation and so many fundamental problems faced the Society. Two of these important problems are the Industrial Relations Act and Britain's entry into EEC with its effect on pharmacy. I believe that with my qualifications, training and past experience I am particularly fitted to make a worthwhile contribution in these spheres to the work of the Council and to improve

**R. G. Worby, Woodford Green, Essex, qualified in 1953.** Proprietor pharmacist. Member NPU executive. Member North-east London Pharmaceutical Committee since 1966, chairman 1969, secretary since 1970.

The fortunes and status of the profession are to a large extent identified with those of the numerically and publicly prominent retail sector. Complacency towards the

situation in that sector must not therefore be tolerated, yet the problems have changed little in the past twelve months. We still await the Linstead Report and any action towards an improved contract to ensure the viability of community pharmacy through its professional and directly allied activity. Planned distribution through limitation of contract shows some progress and must be unremittingly pursued. Properly remunerated arrangements for improved rota and 24-hour call service must be negotiated and must incorporate control over indiscriminate late opening. Re-appraisal of supervision requirements is still not in sight, but we should strive actively towards: Direct supervision of dispensing by a pharmacist; sale of specified range of drugs by pharmacists personally; sales of PI poisons by staff under control of (but not necessarily the immediate supervision of) a pharmacist; and restriction of maximum range of remaining medicines to registered premises. The problem of rural dispensing remains as intractable as ever, yet we have done little but sadly shake our heads—the NP labelling agreement should never have been recommended by Council whilst the British Medical Association persisted in a policy dictated by a small but vociferous pressure group of rural practitioners. In short, pharmacy requires considerably more self-assertiveness and a much greater sense of urgency than is presently apparent if it is to survive in the harsh environment of the seventies.

**Kenneth William Youngs, FPS, Castle Cary, Somerset, qualified in 1938.** Manager of independent pharmacy. Present position over 20 years. Past chairman, Somerset Branch of the Society and member of its committee. Former chairman Bath and West of England Region. Member of Somerset Pharmaceutical Committee.

Nothing has happened during the last year to change the basis of my candidature for election to the Council of our Society. The reaction of the largest multiple to Council's policy for the planned distribution of pharmacies supports my belief that the future for pharmacy lies in the restoration to pharmacists alone of absolute control over our profession, and that this can be best achieved by a Coun-

cil fully representative of every facet of pharmaceutical practice. As an employee pharmacist in independent general practice in a rural area I would bring at first hand to the Council table many years of experience broadly based in fields of activity vital to our status. My long association with the fight to resist the establishment of an alternative dispensing service by extension of dispensing by doctors is well known, and I will continue to fight this process which I believe constitutes our greatest hazard. The strenuous efforts of Council to solve this problem can be strengthened by the presence of a wholly committed rural pharmacist. Once again I emphasise the independence of my character, and my determination to consider every issue on its merits without deference or reference to any body or group within or without the Council. I have not prepared a manifesto detailing how the evils besetting pharmacy could be cured overnight. I offer myself as a candidate on the basis of my experience as a community pharmacist, and on the basis of considerable energy and vitality which I will devote gladly to the profession of which I am a proud member.

## Election of auditors

As previously announced (C&D, March 11, p 327), six candidates offer themselves for the election of five auditors. They are:

**A. H. Briggs, FPS, DBA, Horsham, Sussex, qualified in 1950.** Auditor of the Society since 1966. Technical manager, Ciba Laboratories.

**J. C. Hanbury, CBE, MA, BPharm, FPS, FRIC, Ware, Herts, qualified in 1934.** Auditor of the Society since 1948; chairman, Allen & Hanburys.

**Sir Harry Jephcott, Bt, MSc, DSc, FPS, FRIC, Eastcote, Middlesex, qualified in 1914.** Auditor of the Society since 1946; former chairman, now honorary president, Glaxo Group.

**L. G. Matthews, MM, FPS, London, qualified in 1920.** Auditor of the Society since 1959; former director, Wellcome Foundation Ltd.

**F. J. Reynolds, Birmingham, qualified in 1933.** Proprietor pharmacist, 1946-69; now semi-retired.

**A. G. Shaw, FPS, FCIS, St Albans, Herts, qualified in 1939.** Secretary, Association of the British Pharmaceutical Industry.

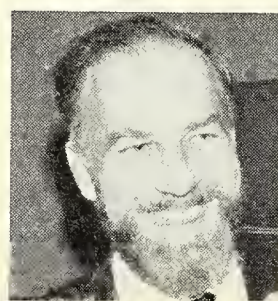
**K. W. Youngs**

**C. H. P. Robinson**

**D. N. Sharpe**

**C. C. B. Stevens**

**R. G. Worby**



# COMMENT

## A computerised future

A feature of modern life is the vast outpouring of print and the increasing percentage of that total that is concerned with modern technology.

In medicine it is almost impossible for physicians to keep up to date and at the same time cope with the day to day problems brought in by their patients.

Pharmacists have increasingly had to face similar difficulties as medicines become more potent and as drug interactions become more widely recognised and identified. It was therefore apposite that the Geigy Travelling Fellowship 1971 lecture by the holder Irene A. Couper should deal with hospital based drug information centres that she had seen in the USA where such centres have become an integral part of the pharmacy service (see p 540).

That there is a growing awareness of drug interactions and availability problems is also borne out by the fact that three pharmaceutical meetings have discussed the topic in the past week—the Guild of Hospital Pharmacists, the Society for Drug Research and the Pharmaceutical Society's Sherwood region. And it is a measure of the problem that someone attending all three could have learned something new from each event—and that is no reflection on the standard of the speakers, who have an unenviable task in sifting the literature.

New reference sources are constantly coming on to the market, and their growing size and complexity (more than 10,000 cross-referenced interactions are listed in the latest work, of some 400 pages, and the reader still doesn't learn more than superficially *why* the substances interact!) reflect the need for such information to be computerised.

Parallel in the USA is the current development of poison centres linked to the Food and Drug Administration's computer-based network for providing instant treatment information relating to accidental ingestion of poisons and other substances.

The electronic system provides a "read-out" on the face of cathode ray tube, terminals being linked to FDA's National Clearinghouse for Poison Control in Washington DC. The National Clearinghouse computer contains information on ingredients, toxicity, symptoms and recommended treatment for more than 5,000 household substances. Eventually, the computer will have approximately 50,000 household products in file.

The National Clearinghouse serves a total of 584 poison control centres throughout the USA. These voluntary state-designated centres are operated by private medical institutions, usually at the community level. Except for the five now served by the electronic network, all are supplied treatment information by post—a system that has proved time-consuming and cumbersome in many instances because of changes in product formulations and the introduction of more effective treatments for accidental poisoning. The National Clearinghouse now handles approximately 115,000 ingestion reports annually.

Computer technology is itself developing at a fantastic rate, and it is a discipline with which the hospital pharmacist must come to terms. He is in a special, perhaps privileged position, able to deal with all drug information that comes to hand, edit it for transmission to others who should know the latest information or file it for future use. He is also technically trained and should be able to assess the possibility of using automated data processing to ensure optimum use of the information that is available.

## Involvement of general practice

Miss Couper, in her paper, mentioned that more and more hospitals in the USA are setting up information centres and that to prevent duplication of services there has been a trend towards the formation of computer-linked units throughout the States.

But of utmost importance is the Lexington Centre scheme whereby general practice and hospital pharmacists and physicians utilise the services of the drug information centre merely by dialling a toll-free number.

Miss Couper was inclined to recommend a cautious and perhaps slow approach to the provision of such centres in the UK. We agree that *festina lente* is a counsel of perfection, but drug information is being amassed at such a rate that to stand aside would result in the professions being engulfed.

The challenge is there, and pharmacists are technically equipped to deal with the problems they must not leave to others.

At the Guild weekend school, one speaker listed such specialisations for the hospital pharmacist as administration, quality control, formulation, and sterile fluid production.

To which he might well have added data processing.

## BUSINESS Q & A

*Understand that some small businesses will be exempt from VAT. How will this work and what will be the effect on other businesses?*

The exempt businesses will be those whose turnover does not exceed £5,000 per annum. They will, therefore, be very small. It would seem that they will enjoy some price advantage, since the customer is interested, not in the components of cost and tax in a price, but in the total paid, and exempt businesses will be able, either to undercut slightly while maintaining their margins, or to enjoy a slightly wider margin without increasing their total prices. These businesses are likely to be so small, however, that they

probably suffer from some buying disadvantage at present.

*What will the new tax provisions concerning interest mean in respect of: (a) Interest paid in purchasing a business, and (b) Interest paid in purchasing a vehicle?*

Interest for purchasing property is to remain entirely allowable. Other interest is allowable to the extent that it exceeds £35 in a year. Thus, if your business purchase was in truth a property purchase, the whole interest is allowable. Otherwise in both cases cited the first £35 of interest is disallowed and the excess wholly allowed.

*How is the new imputation system of Corporation Tax going to work? Will dividends be taxed still?*

Companies will pay Corporation Tax at

50 per cent and a proportion of this tax will be attributed to the dividends paid, the shareholder being credited with the tax so attributed to the dividends. In effect the shareholder's position will be much the same as now, but the company will require to pay Corporation Tax in advance when the dividends are paid.

## SPORT

**South London and Surrey Pharmacists' Golfing Society:** Played at Purley Downs golf club on April 5 for Scotia bowl. Results: F. Jamieson (10) 36; G. Roberts (13) 36; J. Martin (11) 36.

**Edinburgh Chemists' Golf Club.** Winner of the Eric Knott Trophy at the Duddingston outing was W. Watson (26) 73. Other results: Best scratch, W. Steedman 81; no 1 section, G. E. Allan (6) 75; no 2 section, I. Anderson (21) 80, J. B. Murray (17) 80.

# Students point the way to improvement of the pre-registration year

Regional organisation to improve pre-registration experience in retail pharmacy, and the possibility of requiring part, if not all, of the experience to be gained in hospitals—those were suggestions put forward by the retiring president of the British Pharmaceutical Students Association last week.

Speaking at the Association's annual conference in Cardiff, Mr P. Sharott welcomed the Pharmaceutical Society's initiative in revising the bye-laws on pre-registration experience but said that they would mean little unless the whole profession, including students, made a substantial effort to make the most of the time available during the year.

The belief had been expressed in the past that the year lacked meaning and that it could only be regarded as a wasted period which bridged the gap between graduation and registration.

Apart from the statutory requirements, the Society's new recommendations were only guidelines and these might be followed to a greater or lesser extent by the supervising pharmacist and the student. There was general uniformity of the degree which was not found in pre-registration experience.

Mr Sharott felt that it was wrong for the schools of pharmacy to divorce themselves from that year. It was as important as the undergraduate years. There was a sharp decline in the control exercised over the student during the pre-registration phase but he claimed that the basic and formal education of a pharmacist ended with registration and not with graduation.

To produce maximum benefit from the practical situation it was important that the supervising pharmacist and student worked together. Many pharmacists were exceedingly wary of today's graduate and mutual understanding often failed to develop. The fundamental problem was one of knowledge versus experience and the real difficulty occurred when each side considered that their own status was all-important.

During the year there should be a balance between the basic routine work and other more interesting and educational activities. That point had been clearly illustrated in a BPSA report on hospital training produced last year. The report was based on a survey in which the majority of graduates questioned considered that they would have benefited from such things as tutorials, projects, visits and courses.

Several Hospital Management Boards had shown interest in the report and one region had based the organisation of an induction course on it.

Mr Sharott suggested that the BPSA should be pressing for the profession to follow the precedent of a few hospitals which had organised these training schemes—such as the Birmingham Region.

The regional structure of the hospital service lent itself to the organisation of

such courses. But could retail pharmacy provide the same kind of opportunities for the graduate, he asked? If the Birmingham type of approach was accepted as a definite requirement then the adoption of a similar approach in retail pharmacy had to be considered.

The distribution of pre-registration students at present was totally biased in favour of the multiples. "What should be remembered," said Mr Sharott, "is that the multiples' yearly intake of students may in future fluctuate greatly according to their overall management situation."

Both the Pharmaceutical Society and the National Pharmaceutical Union had expressed dissatisfaction with the current state of affairs. "Firstly, they believe that independent pharmacy is perfectly able to provide suitable and adequate conditions for the student and, secondly, they consider that it is wrong that so many students be employed by just one company, which after all does not truly reflect the nature of retail pharmacy as a whole."

The suggestion was made that general practice training could be based on the 13 regions of the Pharmaceutical Society. The idea would be to provide courses, similar to those in hospital pharmacy, but orientated towards retail practice. The courses could include, for instance, apart from business management, subjects such as organisation of the Health Service, the pharmaceutical service and the Chemist Contractors Committee, health centres, the role of the pharmacist and safe systems of work.

Mr Sharott felt it could be argued that that was "part and parcel of the general education of the pharmacist" and, if it could be shown that this form of education was performing a useful function,

financial aid could be sought from the Government.

Concluding his report, Mr Sharott again referred to the potential for organising the postgraduate year within the hospital service where the student could gain experience in a wide variety of subjects. That potential might lead to a widening gap between the type of training in hospital and retail pharmacy, he suggested. It led him to ask whether every student should spend part, if not all, of his pre-registration year in hospital pharmacy.

Mr Sharott's paper received much support from conference participants but his last point provoked considerable discussion on where training should be carried out. Speakers, in turn, put forward the section of pharmacy they were interested in as being the place to train. The idea of doing six months in hospital and six months in retail was put forward, but speakers saw good reason for Mr Sharott's own proposal.

Mr R. Gould thought it was not really a question of where the year was done; it was to learn the job and to learn responsibility. Mr G. Geddes felt that all lecturers in pharmacy should be members of the Pharmaceutical Society. It was wrong for non-members to be teaching prospective pharmacists.

Referring to the proposed regional training system for general practice pharmacists Miss Carmen Morgan said the schools of pharmacy could play an important role in helping with regional courses.

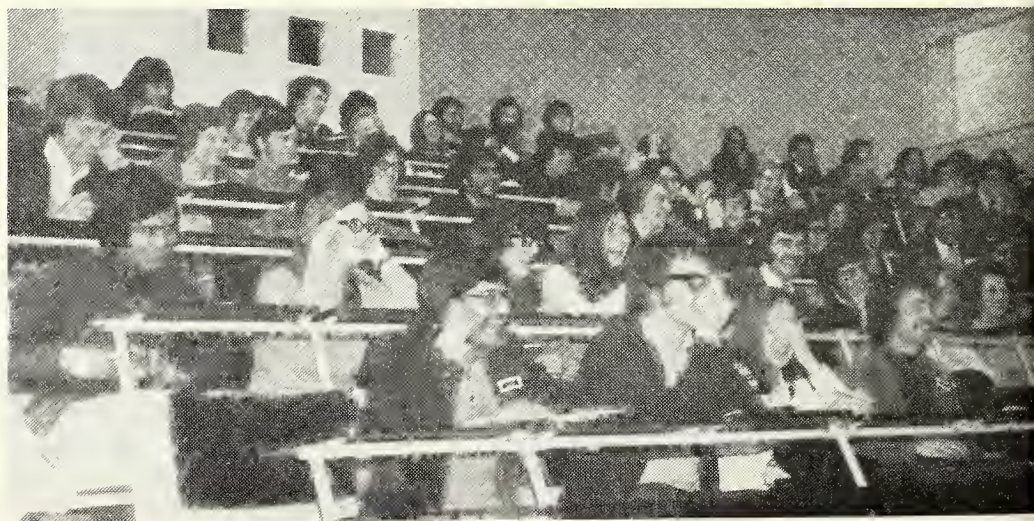
## A rethink for the pharmacy course?

Fundamental rethinking of the pharmacy curriculum is required, said Professor E. J. Shellard, School of Pharmacy, Chelsea, who contributed to the Tuesday afternoon session on that subject.

He described the situation where the course was made up of a number of individual subjects each jealously guarded by its teachers, who were resistant to any intrusions into their subject matter. There was a need, he said, for closer relationships between the subjects particularly in the first two years.

As far as the pharmacist was concerned

*BPSA members find a lighter side to the pharmacy curriculum*



aining in mundane technical skills should be eliminated. Technicians were trained to cope with routine work.

Professor Shellard illustrated his point with an analogy. He said that just as the architect was an expert on building materials—on bricks, glass and wood—he did not lay the bricks, but did the planning.

Training must be such that pharmacists when in practice wanted to take the initiative, making changes and decisions.

Both Professor Shellard and a later speaker, Professor P. S. J. Spencer, saw the need for a four year academic course. Because of the facts that now had to be absorbed, the student did not have time to think, he said.

Professor A. M. Cook, dean of the Welsh School of Pharmacy, described how the subject he called "community pharmacy" was playing its part in the curriculum today.

In the past, he said, practising pharmacists had tended to regard courses put on in the colleges as being "over-teaching" and unnecessary for the outside world. Now there was "a clamouring at the gates of the schools of pharmacy" for refresher courses and instruction for older pharmacists.

#### Difficulty with new ideas

Professor Cook spoke of the difficulty he had had in introducing new ideas into the curriculum. He had however been able to establish a community pharmacy research unit and he felt that the pharmacist's training should contain a fair content in this area.

Professor Spencer, head of the pharmacology department, Welsh School of Pharmacy, described how society was making greater use of new drugs for social purposes and how such substances were more readily accepted than in the past. He cited oral contraceptives as an example.

Pharmacists would be involved in handling those products, he thought, and doctors would play a decreasing role in determining their distribution.

Professor Spencer had noted a wide range in the pharmacological content of pharmacy degrees—at the two extremes pharmacology made up 14 or 30 per cent of the course. It was only by reviewing aims that a fair percentage could be decided.

Dr T. G. Booth, University of Bradford, also contributed to the forum by discussing pharmacy management (last week, p 468).

A question from Mr H. Y. Chan, Chelsea, on whether the pharmacist could help more in the prevention of the misuse of drugs prompted considerable debate.

Professor Spencer pointed to the reticence of the average pharmacist and student when it came to getting involved in society. Professor Cook described work done by the Welsh School in the drug abuse field.

Finishing off the discussion Professor Shellard said: "It is in our hands to decide the future of pharmacy." The Pharmaceutical Society's Council followed where others led. The Society had left matters up to the schools of pharmacy.

## Expansion in the hospital service

As the role of clinical pharmacy is developed many more pharmacists will be needed in the hospital service, said Mr C. Hetherington, group chief pharmacist, Leeds General Infirmary.

Speaking first at a forum on the topic Mr Hetherington suggested that a pharmacist-to-hospital patient ratio of 1:100 was not extravagant. He saw clinical pharmacy as a future development applied first by pharmacists through one or two specialist areas such as intravenous additive services.

Defining it as a direct pharmacy service to the individual patient designed to ensure the best use of drugs, he pointed out that pharmacists had first started to work on the wards five to six years ago. That was an attempt to improve liaison with the doctor and nurse; now the role of ward pharmacy was accepted as a model of good practice.

The clinical pharmacist would make the patient-care area his base. He would be able to record the previous drug therapy of patients and to help with the avoidance of iatrogenic disease.

He would arrange the supply of drugs not just to the ward but to the patient. Assistance could be given with dosage regimens, time of drug administration and the types of formulation used. Monitoring for adverse reactions could be useful.

#### Conjuring up problems

Mr Hetherington saw the pharmacist being more involved in clinical trials and applying practical biopharmaceutics, for instance to test if a drug was being successfully absorbed or excreted.

Speaking about the changes necessary to introduce this new role Mr Hetherington said pharmacists tended to conjure up difficulties that did not really exist. "One has to be a little aggressive and certainly outgoing in this situation," he said.

Changes now being seen were prompted by the Noel Hall report. The new structure would allow more specialisation, and staff would be prepared to stay in a hospital longer. Clinical pharmacy would be one of several branches of practice to develop. Others would include administration, drug analysis and drug information.

Noel Hall would allow some hospital pharmacies at least to extend their hours of service. One thing that was holding back progress at the moment was that so often the pharmacist was not available when doctors and nurses needed him.

Speaking as an "academic," Professor A. R. Rogers, Heriot-Watt University, wondered whether the development of clinical pharmacy was to be quite as Mr Hetherington had made out. What concerned Professor Rogers, as head of a school of pharmacy, was how this development affected the course.

It was damaging to staff morale to

have rapid swings in emphasis in the course. What was needed was a form of operational research to anticipate the future role of the pharmacist in hospital and general practice.

If additions were made to the pharmacy course, how were they to be compensated for? Two reductions he suggested were in the teaching of organic chemistry and also basic scientific work at the beginning of the course; so that the course was immediately orientated towards pharmacy.

At Heriot-Watt they had been reducing the hours spent in college by students, but it was difficult to make the working week much shorter. Longer courses might be a long-term ambition.

The schools of pharmacy could make their students more aware of the responsibilities they were likely to meet.

In the discussion which followed Mr Sharott asked Mr Hetherington what he saw as inadequacies in present education. Mr Hetherington replied that at the moment pharmacists did not feel happy talking to clinicians and dealing with the patient. That had to be overcome and people capable of teaching this role would have to be found.

Mr M. J. Lee, Aston, was concerned that the clinical pharmacist would be providing more information from industry. He doubted its usefulness.

When the clinical pharmacist was collecting his own data he would be much more critical of the manufacturer's literature, Mr Hetherington replied. One of the present difficulties was assessing that literature.

Mr D. A. Pavey, Portsmouth, could see the need for pharmacists to work on wards, but questioned whether they should be based there.

Speaking of the challenge for the young graduate of ward work Mr Sharott, at present employed as resident pharmacist at Nottingham General Hospital, said that it was very much a case of self education. It was surprising how quickly the pharmacist could adapt to the clinical situation. It was necessary for him to identify his deficiencies in knowledge and then set about putting them right.

## Society's interest in education

The country in general and pharmacy in particular benefits from having an active student voice, Mr W. M. Darling, president of the Pharmaceutical Society, said at the conference dinner and dance.

"Never before," he said, "had the BPSA been so active and responsible."

During the past ten years the pharmacist's role had changed and he hoped that there would, at no time, be a return to the rigidity of the Society's examinations. It was something that had to be guarded against particularly with entering the Common Market.

The ending of the examinations did not mean that the Pharmaceutical Society had lost interest in education, he stressed. The Society still maintained a statutory register and still had the right in law of deciding the education necessary for registration.

*Continued on p 536*

# Colleges' role in drug abuse

Continued from p 535

Conference recommended that the schools of pharmacy should be involved in a drug abuse programme to the public following an individual member's motion from Mr A. S. Karim.

He suggested that the subject was not confined to "illegal" drugs but also common medicaments like aspirin. Representatives from the pharmacy colleges could have a dialogue with schools and might also produce pamphlets on the subject for schoolchildren.

Unanimous support was given to another individual motion from Mr P. A. Giblin who thought that "the BPSA should direct its aim towards furtherance of the pharmacy profession by striving to ensure that both academic and commercial aspects of pharmacy are improved."

To achieve that aim the area with which pharmacy was concerned should be defined in statute law. Mr Giblin proposed that such areas as aseptics, clinical pharmacy and advice to doctors should be mentioned in the statute.

Mr V'Iain Fenton-May, BPSA president elect, supporting the motion said: "We don't really know what we want in pharmacy. Let's get something positive. Something to act on."

A Portsmouth motion, proposed by Mr R. F. Miller, urged the manufacturers of "over the counter" medicines to place more emphasis on safety packaging.

Chelsea students expressed concern about present arrangements for taking the "law and practice of pharmacy" examination at their college in a motion suggesting that the examination should not be an integral part of the degree course.

Mr D. S. Kissman, Bradford, agreed that the examination should be standardised throughout the country but thought the motion was poorly worded. The motion was eventually defeated.

Reviewing the year in his presidential report Mr Peter Sharott said that a shift in emphasis in BPSA activities was required so that more time and resources could be spent in the promotion of the interests of pharmacy students within the profession.

Speaking of the changes he had seen while on the executive Mr Sharott said that there were now generally strong contacts between students and the Society's local branches.

However there was variation in the acceptance of the "adoption of student" scheme, which required only that a hospital or retail pharmacist should be prepared to show one or more students around his pharmacy and to explain the nature of his work.

The information officer, Mr M. Khandaria, described a new approach to the appointments scheme for finding graduate vacancies.

After discussions with the National Pharmaceutical Union, the Guild of

Hospital Pharmacists and the Association of British Pharmaceutical Industry it was agreed to leave the running of an appointments service within each sector to the organisation concerned. The BPSA would liaise with those bodies in the planning and implementation of the service.

Recruitment in industry was likely to be the most affected by the new preregistration regulations said Mr Khandaria. Members of the ABPI had discounted fears that the industry might not be willing to recruit students in January and February after they had completed 26 weeks in hospital or retail.

One or two companies had already taken the initiative and made arrangements with local hospitals for their graduate employees to work for that period in hospital.

There would probably be some remarkable changes in pharmacy in Northern Ireland within the next ten years, as during that time over half those on the NI Society's Register would be retiring.

That was a prediction made by Mr

Dennis Morrison, president of the Society of Pharmaceutical Students, Belfast, who took the opportunity of describing some aspects of Northern Ireland to the BPSA conference.

One of the particularly bad effects of "the troubles", said Mr Morrison, was that the number of students coming from elsewhere to study at Belfast had fallen. That tended to make some people too insular.

He hoped that relationships between the BPSA and Northern Ireland students would continue to increase.

The following members were elected by delegates to serve on the 1972-73 executive:

President, Mr V'Iain Fenton-May; vice-president, Mr David Kissman; secretary, Miss Carwen Wynne-Howells; treasurer, Mr Peter Joiner; information officer, Miss Jillian Greenlees; publications officer, Mr John Harris; IPSF liaison secretary, Mr David Pavey; assistant liaison secretary, Miss Linda Gordon and regional coordinators, P. A. Giblin, David Gwillim, Michael Harris and Martin Leroy.

## LETTERS

### This is your life

With reference to Mr W. F. Wilkinson's letter in *C&D*, April 8, I agree with him on all his points. I was fined in the local magistrates court last year for (i) selling strychnine on a permit and forgetting to have the signature (ii) selling strychnine on an out of date permit. The fines were £1 on each count and £5 costs.

In February this year I was sent a registered letter to appear before the Statutory Committee for an inquiry *re* the above offences, I did not know whether to appear in person or send a letter of explanation, so I contacted the NPU who advised me to get a solicitor and also to go myself. They gave me the name of a solicitor.

I contacted the solicitor and he advised counsel as well saying the costs would be about £80, and if I put a cheque in the post for £50 that day they would take the case on.

My reply was no thanks and went on my own with no solicitor.

I hastened to be there by 12 noon and actually arrived at 11.30 am and reported to the receptionist but nobody took any notice of me until 2 pm. In the meantime the Statutory Committee had adjourned for lunch.

The proceedings lasted about 30 minutes; the committee did not leave the room but conferred for a few seconds and then said "no further action" and I was dismissed.

Before I arrived home it had been on the local television news and there was also reports on the radio next morning, in the daily Press and also the local Press.

I have been a member of the Society for over 30 years. Is this the treatment one gets for what chairman of the magistrates

described as "technical offences"? One can ask—"whose side is who on?"

I'm still guessing. G. H. Griffiths, Brampton, Cumberland

### Wrong status

Mr W. F. Wilkinson's letter in the *C&D* April 8, p.491, reflects the line of thinking of countless pharmacists throughout the country. One is continually confronted with the attitude that our "status" is not good enough and that the Society should do more to improve the situation.

I am afraid that it is just this sort of reaction which gives us the status we have. No society can grant its members status, it is something one has to earn for oneself as an individual, and when each individual has earned himself a good reputation, the Society can perhaps put the 'gold braid' round the edges.

I have tried to earn a status and am certainly not regarded as just another shopkeeper by the majority of patients, neither am I regarded as a puppet of the doctor. Get to work and earn your status, you will be surprised what you can achieve if you really try!

Just one last point, in case Mr Wilkinson's letter left you with the impression created by the *Daily Express*, NP labelling arrangements are not included as part of the contractor's terms of service and hence there is no mandate.

Malcolm J. Bassil  
Southampton  
Hants

Although not "mandatory", NP labelling has been agreed by the profession's representatives on behalf of all members. On that understanding, the Department of Health is making an additional payment to chemist contractors—EDITOR.

### Poser solution

Last week's "poser" was for Chymoral tablets.

# COMPANY PROFILE

Brome &amp; Schimmer Ltd.

## A half-century in botanical drugs

was a hazardous venture, and one which early did not succeed, when 50 years ago Mr A. E. Brome and Mr R. C. Schimmer set themselves up as botanical drug importers in a tiny office off Eastcheap, London, with a kitchen table and £300 as their capital.

They did, however, manage to make ends meet—only just—in that first perilous year and by tightening their belts, went on to make steady progress.

Demand for botanical drugs at that time was, of course, on a considerably smaller scale than it is now. It was the heyday of the galenical. Yet to appear were the chemotherapeutic agents and the antibiotics which were to revolutionise medicine and pharmacy.

When the Brome & Schimmer partnership began, there were upwards of three dozen importers of crude drugs and perhaps more than a hundred large and small manufacturers drawing supplies from them. Since then, the manufacturers have been absorbed into a mere handful of groups.

### Witch of emphasis

With the fall in the number of manufacturers and the demand for botanicals, importers of crude drugs diminished and those remaining many looked to other produce (rubber, cocoa, chemicals, etc) to help them stay in business.

In spite of this shrinkage in demand Brome & Schimmer Ltd are in a stronger trading position than ever before, importing from, and exporting to, every part of the world a wide range of botanical drugs, resins, gums, essential oils, waxes and vegetable raw materials of all kinds.

Mr Brome retired in 1958; unfortunately his retirement was to be a short one, his death taking place about three years later. The business was formed into a limited liability company in 1956 and in 1959 Mr Schimmer's son, Mr Philip C. Schimmer, Pharm, MPS, accepted an invitation to join the board of what had now become a family business.

By this time the company had begun to expand, following the end of the 1939-45 war. They took over in 1949 the old established firm of essential oil merchants, Sparks, White & Co and when Potter & Clarke Ltd a few years later ran into difficulties, Brome & Schimmer found, overnight, a large number of new customers, most of whom they have retained. Soon after the retirement of Mr L. A. Horner (*C&D* April 25 1970 page 606) they had the opportunity to take over A. Horner & Sons Ltd.

With this increased activity, Brome & Schimmer's warehouses in Leather Market were rapidly becoming too small and

the problem whether to buy extra premises or use rented accommodation had to be faced. In view of escalating charges and the frequent labour disputes which have bedevilled the docks in the post-war years, they decided to be independent of public warehouses and were fortunate enough to be able to acquire from Food Industries Ltd, extensive additional warehouses—20,000sq ft—last year which has now relieved their storage difficulties.

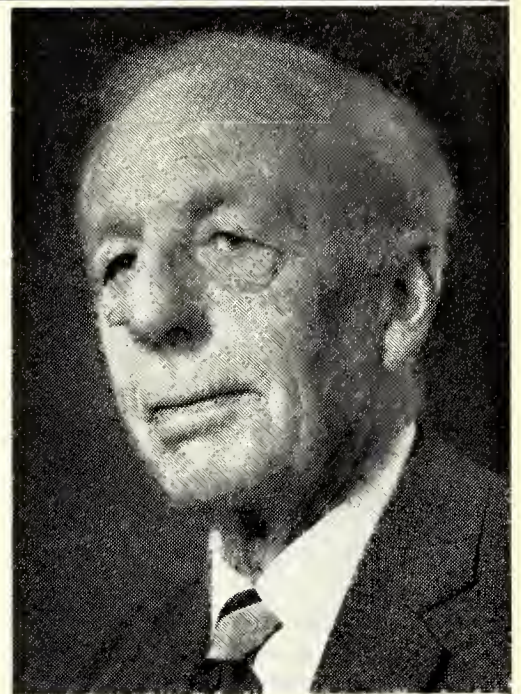
Last October the group bought John Wylde Ltd, a company well known as grinders to the trade. Wylde's facilities include nine "edge runner" grinding mills—a type most suitable for breaking down fibrous materials like spices, barks and roots which, antiquated in appearance in comparison with a modern comminuting mill, are still the only mills that can produce from such materials impalpable powders still essential to manufacturers.

Instead of being swallowed up into one unit, the companies acquired still function separately since Mr Schimmer, sen., believes customers prefer a link with the original name to be retained.

The spread of health food shops which all carry a range of herbal remedies has undoubtedly contributed to the group's healthy position because of their long association with the manufacturers of this type of medicine.

Compared with the age of some of the companies acquired, the parent company Brome & Schimmer Ltd is a comparative youngster. The Horner business is believed to have been established in Elizabethan times, and that of Sparks, White & Co in about 1700.

Among interesting documents retained by the company is one issued by the Druggists Club on October 27, 1838 set-



Mr R. C. Schimmer

ting up regulations for the weighing of drugs sold in London and the allowances of "draft" and "tret" which were then given as well as the terms of payment. Drugs listed include Canada balsam, cantharidis, colocynth, mercury, ginseng and seneka (*sic*). Among the members quoted on these regulations are Horner & Son, Thomas Keating, Evans & Lecher and a number of others who later formed the British Drug Houses Ltd. They also have some fascinating old ledgers and letter books from the early days of Sparks, White & Co. Unfortunately, the precious records of the early days of Horner & Son were destroyed in the 1939-45 war.

Conscious as it is of this romantic heritage and the valuable contacts and goodwill that attach to it, the group is engrossed at present in equipping every section of the business with plant, machines and personnel to meet a future fraught with challenges but also, as it sees it, with very big opportunities.

## International conference on spices

Is the volume of trade done in spices shrinking? Not so, said Mr Anthony Kershaw, Parliamentary Under Secretary, Foreign and Commonwealth Office, Overseas Development Administration when he opened the International Spice Conference at the London School of Pharmacy on Monday.

Mr Kershaw said that the volume of trade registered was around £65 million a year and "must be more because a huge amount of spice is grown domestically". Because the growing of spice crops proved a valuable diversification in agricultural areas of developing countries thus helping to stimulate rural employment overseas, he was glad to note that over the past five years the import of spices

by the ten big importing countries had increased by over one-third. By volume they amounted to 180,000 tons a year.

The speakers at the five-day conference which was organised by the Tropical Products Institute, covered all aspects of spices—history, agricultural, products and uses including those in medicine, processing and analysis.

More than 150 delegates from over 30 countries including all the main spice-producing countries of the world attended.

First address of the conference was given by Mr F. Rosengarten of the US, author of *The Book of Spices* (reviewed *C&D*, May 9, 1970, p 686). Mr Rosengarten set the scene by tracing the history of spices throughout the ages.

## GUILD OF HOSPITAL PHARMACISTS

# Hospital pharmacy's new role in formulation

A new approach to formulation development for the hospital pharmacy specialist, involving biopharmaceutical and pharmacokinetic studies in the clinical situation, was suggested at the weekend school of the Guild of Hospital Pharmacists.

Mr A. Phillips, deputy chief pharmacist at Leeds General Infirmary, said that generally formulation problems should be left to the industry, and the hospital pharmacist's involvement should be to ensure that the drug gets to the site of action rather than to provide an "elegant" preparation.

In taking this line in his paper, Mr. Phillips was reflecting the complexities of formulation and presentation influences on drug activity—the subject of the school—already described by other speakers. He said that when a drug was under trial, the pharmacist might carry out body fluid determinations on a series of formulations, feeding back the information to his counterparts in the industry so that it could be correlated with the clinical response noted by the physician. In this way it should be possible to arrive at the optimum clinical response with the minimum dosage.

### Similar trials

Mr Phillips also suggested that similar trials might be organised by the pharmacist for formulations of existing drugs. Some moves in this direction had begun at Leeds. At present, much of the hospital pharmacists' formulation work consisted of making liquid preparations out of solid dosage forms for those unable to take the solid form. Should such preparations be used without availability tests? he asked. When untested extemporaneous preparations were used, the clinician must be made aware that changes in absorption and effect might occur as a result of interfering with the manufacturer's formulation.

Mr J. Fereday, Northwick Park Hospital, said that the hospital pharmacy's facilities should not be used to make preparations that were available commercially. But there was a need for drugs and dosage forms outside the normal range and manufacturers should help the pharmacist by providing the information to enable him to prepare a uniform and sound product. "We are trying to fill a gap that cannot be filled in any other way, not trying to compete with the industry," he said.

### Formulation work

Miss M. Hodges, St Bartholomew's Hospital, London, dealt with formulation work in connection with research commitments in a teaching hospital. This usually involved the use of a drug already on the market that the patient could not take in the available form or which was to be used in a form not tried before. In such cases Miss Hodges advised going to the drug's manufacturer—the experts on the drug's handling. Most companies

recognised the need to provide this information.

The speaker pointed out the difference between the hospital pharmacist's and the industry's view of drug stability—the pharmacist could prepare a suspension every 24 hours if necessary, for example.

There was little information on the relationship between bioavailability and clinical efficacy, she maintained. St Bartholomew's had a pharmacy fellowship to establish the effect of formulation on efficacy, and another was concerned with microbial contamination of sterile and non-sterile preparations. In the latter area, a current investigation was suggesting that in aqueous oral suspensions the insoluble solids reduced the antimicrobial effect of agents such as chloroform. "Our policy must be to support research at the stage where industry is not yet interested," Miss Hodges concluded.

During discussion on the papers, Mr T. M. French said he was often faced with

using "chemical grade" materials not yet the subject of standards and which the manufacturer would not guarantee for medicinal use. An example was dopamine, and Mr French described the use of thin-layer chromatography to check the purity of this compound.

Mr J. R. Peattie warned that tablets might be crushed on the wards, as well as in the pharmacy. Among those he had discovered being treated in this way were Slow-K—and another speaker mentioned having been asked to prepare "Mist Slow-K", indicating the lack of appreciation of the intact tablet formation.

First of the technical papers had been on drug interactions by Professor D. V. Parke, professor of biochemistry at the University of Surrey. He said that special attention should be paid to interactions in patients at special risk, in the post-operative period, in pregnancy, in paediatrics and in geriatrics, situations which increased the potential hazard of the interaction. It should be mandatory on the physician not to prolong drug therapy beyond need and to review each patient's drug regimen at least weekly. And for new drug registration, it should become common practice to study interactions with other drugs. Professor Parke added that more fundamental knowledge was needed to enable the physician to predict interactions, including those with "xenobiotics" other than drugs, among which foreign substances he listed food additives, industrial chemicals with which the patient came into contact, and pesticides.

## US plan special drug centres

There is a trend towards the formation of a network of drug information centres in the US with computer facilities linked with State information centres and the smaller centres linked by computer terminals or by telephones. That information was given by Irene A. Couper MSc MPS during the Geigy Travelling Fellowship 1971 lecture read at the Guild's weekend school.

Schemes are on the way for the provision of such networks at Long Island, New York, involving about 13 hospitals and at Cincinnati, Ohio. At Ann-arbor, Michigan, eight hospitals and one retail pharmacy were linked to the Michigan University Medical Centre. In Kentucky state general practice and hospital, pharmacists and physicians use the Lexington Drug Information centre by dialling a toll-free number.

Miss Couper believed it would be some years before that degree of sophistication was achieved in the UK. The Noel Hall report recognised the place of the pharmacist in the provision of drug information and she felt that if hospital pharmacists spent some time and effort in experimenting within that field they would be giving a worthwhile service.

The Wisconsin University Medical Centre dealt with 2,000 inquiries in 1969, its fifth year of operation.

Generally the pharmacist in charge does not usually deal with the routine work of the centre; this is handled by another pharmacist who will refer to the director



Miss Irene Couper

of the centre if necessary. Postgraduate students are required to spend a certain amount of their pre-registration training at the centres, and in some cases answer all routine queries.

Where poisons information services are offered, the centres must be staffed 24 hours a day. At Madison, Wisconsin, the pharmacy department is also open 24 hours a day, and the pharmacist on duty handles all calls to the Drug Information Centre, which is adjacent to the pharmacy. Most of the pharmacists involved with drug information agree that 24-hour services are desirable.

Society for Drug Research

# Formulation and drug availability

The emphasis in drug development will change from a search for compounds with prolonged action, to regulation of the release rate of the drug at the site of action, with the active drug itself being rapidly eliminated from the body.

That was predicted by Professor A. H. Eckett, Chelsea College, at a symposium on the availability of drugs from medicines organised in London last week by the Society for Drug Research. Following a catalogue of bioavailability pitfalls in drug formulation and administration presented by other speakers, he said that delivery of the drug to the site of action was necessary because of factors such as patients' variable response, particularly when drugs were given via the gastro-intestinal tract.

The symposium was opened by Dr M. Radcliffe Lee, Weddel Pharmaceuticals, who said that advancing knowledge in this area was leading the clinician to view drugs with a healthy scepticism and to look upon pharmacists and chemists with a new respect.

Mr. K. A. Lees, Glaxo Laboratories, described some of the physical factors

affecting formulation. In an ointment, crystals of soluble drugs were subjected to no shear action to remove the layer of concentrated solution at their surface, so that rate of release to the skin was delayed. Reducing the size of the particles therefore had a great effect on the response to the drug because of the increased surface area available for solution, and if the drug were first dissolved before incorporation in the ointment, the limiting factor became partition rate between the two phases instead of solution rate. Hydration of the skin could also improve absorption.

Particle size did not always play the obvious role, Mr Lees showed. Phenothiazine used against nematodes in the gut might be expected to have reduced effect with size reduction because the drug would be absorbed more quickly, taking it away from the site of action. But in fact with larger particles the rate of absorption was faster than the rate of solution so that a reduction in particle size increased the concentration of drug in the gut. And in the case of depot penicillins, smaller particles could have a more prolonged action, probably because a greater proportion of aluminium stearate was deposited than would be on larger particles.

## Eutectic mixtures

Mr Lees said there could be merit in presenting drugs in their less-stable forms sometimes, and different forms might be required for different preparations, Eutectic mixtures could be more soluble than the drug—an example being sulphathiazole with urea.

Mr D. H. Dorken, Smith, Kline & French Laboratories, reviewed in vitro

tests for drug availability, pointing out that there was little agreement—between the BP and USP for example—on what were the vivo conditions the tests should try to simulate. It should be remembered, he said that in vivo conditions varied between individuals and at different times.

The implications for drug availability of drug-drug interactions were discussed by Dr L. F. Prescott, Edinburgh Royal Infirmary. He said that interactions of this type were probably more important clinically than those affecting drug metabolism. Food taken at the same time as the drug usually slowed absorption but did not necessarily affect the total amount absorbed. However, tetracycline absorption was greatly reduced by the presence of food.

## Effect of gastric emptying

Dr Prescott said that effects on gastric emptying were probably the most crucial, and many drugs could affect their own absorption in this way. It had been shown that the rate of paracetamol absorption could be slowed by stopping gastric activity with IV propantheline or increased by raising activity with metoclopramide. Alkali with aspirin kept it in solution and also hastened emptying; L-dopa modified gastric activity, but metabolism of the drug in the stomach reduced this effect the longer it stayed there—giving alkali to hasten emptying therefore increased absorption.

Amino-acids resulting from a large protein meal might compete with the active transport mechanisms for the absorption of L-dopa or methyl dopa. PAS, neomycin

*Continued on p 543*

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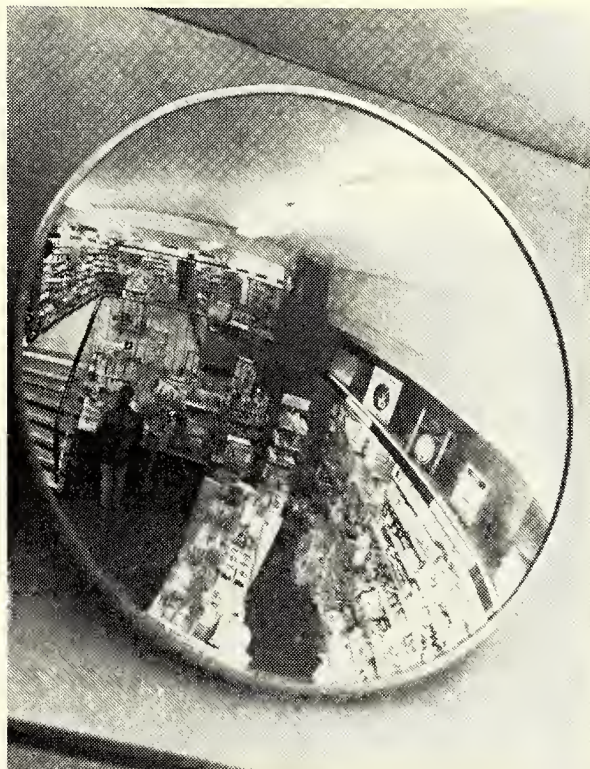
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## Yestamin

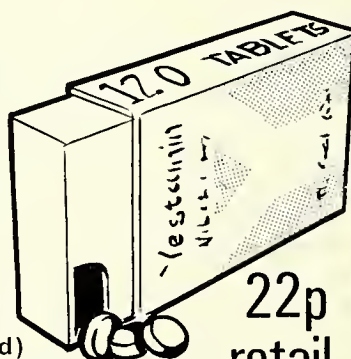
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# Formulation

Continued from p 541

and colchicine had effects on the gut epithelium which might affect other drugs given concurrently. And oral contraceptives, diphenylhydantoin, barbiturates and enylbutazone interfered with the absorption of folic acid from food by affecting the conjugases needed to liberate the acid from its conjugates.

Dr Prescott said an important interaction was that of aspirin and indomethacin. In some trials where rheumatoid patients had been allowed to continue with their aspirin, indomethacin had proved to be no better than placebo because it was not being absorbed.

Some other interactions mentioned by the speaker were reduced absorption of tracylines by concurrent administration of alkali or ferrous iron, and delayed absorption of anticoagulants by methylphenite.

Putting a soluble drug into a capsule is often thought of as the most effective method of ensuring release in the gastrointestinal tract, but Dr J. M. Newton, Nottingham University, showed that this too can have its problems. For example, particle size reduction might be expected to improve availability, but could add to the cohesiveness of the particles, thus reducing their rate of solution. A better response could often be achieved by filling more loosely into a larger capsule.

## Disintegration of powder mass

To make best use of the particle size it is as necessary to ensure fluid penetration of the powder mass—and that could require some means of ensuring disintegration of the mass. In Dr Newton's experience starch was not suitable for this purpose. In a tablet the grains were under pressure, but in a capsule they usually had enough room to swell without breaking up the agglomerates. Sodium bicarbonate was worth considering as a disintegrant, but posed incompatibility and availability problems. Provision of a hydrophilic mass—with lactose, for example—was an alternative, but up to 50 per cent might be required to improve availability. Granulation could lead to improvement, but could also have the reverse effect.

Dr Newton said that lubricants and the degree of capsule packing were other factors to be taken into account, and it was difficult to predict overall effects from the behaviour of the component materials. The technique of microencapsulation was outlined by Mr A. C. Watson, National Cash Register Co. Essentially, it involved emulsification of the required material followed by hardening of the wall surrounding the globules, which could then be separated from the continuous phase and dried. The speaker said that the technique could be used for taste-masking drugs, for prolonging drug release, for stabilising substances subject to oxidation, etc, for overcoming chemical incompatibilities and for reducing drug toxicity.

The globule shell was non-digestible and pH insensitive, and it was permeation of

gastric fluid into the shell and of drug out that determined release rate. It was found that varying the drug-shell ratio affected release rate in a reproducible way. Mr Watson added that the potential had not yet been realised for converting liquids into free-flowing powders, with obvious handling advantages, using microencapsulation.

A plea for pharmaceutical companies to give their technical staffs considerable discretion in discussing with licensing officials their submissions under the Medicines Act, was made by Mr S. F. Hall, pharmaceutical assessor to the Committee on Safety of Medicines. He said it was better not to have the information required too clearly defined by statute—it was more sensible to take account of the nature of the product and the use to which it was to be put, but the professional secretariat had to have the industry's co-operation for that

system to work.

Mr Hall also advised companies to save time by reporting all the work they had done. This applied particularly to pharmaceutical data which was required even at clinical trial stage. Among the assurances required for a licence would be batch-to-batch reproducibility of drug availability—and that condition might also be applied to future applicants to manufacture the drug, thus providing the originator with a safeguard.

## BNF amendments

A further correction has been made to the monograph **Phosphates Enema** (C&D, April 1, p 458). The last line in the formula should read "Purified water, freshly boiled and cooled to 1000ml."

## COMING EVENTS

### Monday, April 17

**Medway Branch, Pharmaceutical Society,** Medway Hospital, Windmill Road, Gillingham, at 8pm. Annual meeting.

**Pharmaceutical Society of Ireland,** The College of Pharmacy, Shrewsbury Road, Dublin 4, 8 pm. Postgraduate course in "Sterilisation and aseptic techniques (three evenings).

**Plymouth Branch, National Pharmaceutical Union,** Tamar Hotel, Crownhill, at 7.45pm. Annual meeting.

**Romford Branch, Pharmaceutical Society,** Speights Restaurant, Gidea Park, Romford, at 2.45pm. Annual meeting.

**The School of Pharmacy, University of London,** 29/39 Brunswick Square, London WC1. Postgraduate school on "The theory and practice of solubilisation."

### Tuesday, April 18

**Brighton Branch, Pharmaceutical Society,** Brighton Polytechnic, at 8 pm. Mr. P. J. Davis on "Aerosols".

**Epsom Branch, Pharmaceutical Society,** Bourne Hall, Ewell, at 8 pm. Annual meeting.

**Leicester Branch, Pharmaceutical Society,** Leicester Postgraduate Medical Centre, Royal Infirmary, Leicester, at 8 pm. Annual meeting.

**Lincoln Branch, Pharmaceutical Society,** Eastgate hotel, Lincoln, at 8 pm. Mr D. F. Permain on "Shop fittings and pharmacy planning".

**Somerset Branch, National Pharmaceutical Union,** Star Hotel, Wells, at 8pm. Mr K. E. Long on "The latest trends in shopfitting and display."

**Teesside Branch, Pharmaceutical Society,** Marton Hotel and Country Club, at 8pm. Annual meeting.

**West Hertfordshire Branch, Pharmaceutical Society,** St Michael's Manor hotel, Fishpool Street, St Albans, at 8.15 pm. Annual meeting.

**West Kent Branch, Pharmaceutical Society,** New Inn, Hayes, Kent, at 8 pm. Working dinner—"Pharmacy and Parliament".

**West Midlands Branch, National Pharmaceutical Union,** Royal Hotel, Ablewell Street, Walsall, at 8pm. Members of the committee to speak on topics of interest.

### Wednesday, April 19

**Cardiff Branch, National Pharmaceutical Union,** Park Hotel, Cardiff, at 8.15pm. Films by Duphar Laboratories Ltd.

**London Branch, Guild of Hospital Pharmacists,** Wellcome Building, Euston Road, London NW1, at 7.30 pm. Debate: "This house believes that hospital pharmacy is the only true repository of pure professionalism in pharmacy".

**Peterborough Branch, Pharmaceutical Society,** Congregational Hall, Broad Street, Stamford, Lincs at 8pm. General meeting with make-up demonstration by Mrs R. A. Wintle (Yardley consultant).

**South London and Surrey Pharmacists Golfing Society,** Royal Mid Surrey Golf Club at 1.15pm. Stableford competition.

**West Herts Branch, Pharmaceutical Society,** St Michaels Manor Hotel, Fishpool Street, St Albans, at 8.15pm. Annual meeting of the Branch.

### Thursday, April 20

**Dundee Branch, Pharmaceutical Society,** at 7 pm. Visit to Occupational Centre, Royal Liff Hospital.

**Leeds Branch, National Pharmaceutical Union,** Golden Lion Hotel, Lower Briggate, Leeds at 8pm. Annual meeting followed by Mr. B. M. Rusling on "Inter-firm comparison."

**Portsmouth Branch, Pharmaceutical Society,** Medical Centre, St Mary's Hospital. Portsmouth, at 7.30 pm. "Tranquilizers" (film and talk sponsored by Roche Products).

**South East Metropolitan Branch, Pharmaceutical Society, and South East London Chemists Association,** Yorkshire Grey, Eltham Green, at 7.30 pm Annual dinner and dance.

### Friday, April 21

**Birkenhead Branch, Pharmaceutical Society,** Nelson hotel, Grove Road, Wallasey at 7.30 pm. "Hot-Pot". Annual meeting of the Branch.

### Saturday, April 22

**North Western Region, Pharmaceutical Society,** Claremont Hotel, 270, North Promenade, Blackpool, at 7.30 for 8pm. Dinner.

### Sunday, April 23

**East Metropolitan Branch, Pharmaceutical Society,** Queen's hotel, Westcliff, at 10.30 am. Conference

**North Western Region, Pharmaceutical Society,** Claremont Hotel, 270, North Promenade, Blackpool, at 10am. One-day conference on "Whither Pharmacy?".

### Advance information

**Proprietary Articles Trade Association,** Devon Room, Connaught Rooms, Great Queen Street, London WC2, May 11, at 2.45 pm. Annual meeting.

# MARKET NEWS

## Adjustments in barbiturate prices

London, April 12: A number of price adjustments have been made in barbiturates. The new rates are given below.

Among crude drugs Canada balsam, lemon peel, and both Chinese and Brazilian menthol were lower. Hydrastis was dearer by £0.05 lb while henbane was unobtainable.

A report from Tuticorin states that the first crop of senna is poorer than 1971 because of lack of rain and prices are dearer in consequence. Meanwhile shipments of Tinnevely leaves and pods during March were:

	US	UK	Europe
	Tons	Tons	Tons
Senna leaves	35	—	92
pods	—	—	28

A number of essential oils were easier. They included bois de rose, Bourbon geranium, lemongrass, patchouli and Brazilian peppermint.

### Pharmaceutical chemicals

**Amylobarbitone:** 5-kg £3.55 kg; sodium £4.07.  
**Atropine:** (500-kg lots per kg) alkaloid and metho-  
 nitrate £65.20; methylbromide £64.20; sulphate  
 £52.90.

**Barbitone:** 50-kg lots £2.60 kg; sodium £2.60.  
**Butobarbital:** 5-kg £5.20 kg; sodium £5.77.  
**Butobarbitone:** £4.74 kg for 5-kg lots.  
**Chloral hydrate:** 50-kg lots £0.75 kg.  
**Cinchocaine hydrochloride:** £42.50 kg.  
**Cocaine:** Alkaloid £222 kg; hydrochloride £202.75.  
 Subject to DDA Regulations.  
**Cyclobarbitone:** £4.22 kg; calcium £4.22 kg.  
**Dextromethorphan:** Hydrobromide £98.53 kg.  
**Hypophosphites:** Per kg 12.5 kg 50 kg

	£	£
Calcium	1.14	1.06
Iron	2.35	2.27
Magnesium	1.98	1.87
Potassium	1.57	1.45
Sodium	1.27	1.17

**Hyoscine hydrobromide:** £314.25 kg.  
**Hyoscyamine sulphate:** per kg £55.50.  
**Ichthammol:** 1,000-kg lots £0.52 kg.  
**Iodides:** (Per kg) Potassium £2.16 (50-kg lots)  
 £2.14 (250-kg); sodium £2.75 (50-kg).  
**Iodine:** Chilean crude £2.08½ per kg; resublimed  
 £2.87 in 50-kilo lots.  
**Isoprenaline sulphate:** 5-kg £16.50 kg.  
**Methadone hydrochloride:** Subject to DDA regula-  
 tions £0.15 per g for 100-g lots.  
**Narcotine:** Alkaloid and hydrochloride in 25-kg  
 lots £15 kg.  
**Pentobarbitone:** 5-kg lots £4.57 kg for acid and  
 £4.84 for sodium.  
**Phemitone:** 25-kg lots £3.92 kg.  
**Phenobarbitone:** 50-kg lots £3.60 per kg; sodium  
 £4.10.  
**Phenolphthalein:** 250-kg lots £0.94 kg.  
**Pholcodine:** 1-kg £198.36; 7-kg £189.20 kg; 60-kg  
 £180.  
**Phthalylsulphathiazole:** 50-kg lots £1.90.  
**Quinalbarbitone:** Sodium and acid £5.18 kg for  
 25-kg lots.  
**Quinidine:** Alkaloid (5-kg lots) £44 kg; sulphate  
 (50-kg) £40.60.  
**Sorbitol:** Powder £335 metric ton for over 250 kg.  
**Succinylsulphathiazole:** 50-kg lots £2.70 kg.  
**Sulphacetamide:** Sodium BP £2.98 kg.

**Sulphadiazine:** 50-kg lots £3.47 kg.  
**Sulphadimidine:** 250-kg lots £2.95 kg; sodium  
 £3.05.  
**Sulphaguanidine:** BPC in 250-kg lots £2.13 kg.  
**Sulphamerazine:** In 50-kg lots £3.12½ per kg.  
**Sulphamethizole:** BP 50-kg £4 per kg.  
**Sulphanilamide:** 50-kg lots £1.03 kg.  
**Sulphaquinoxaline:** B Vet C in 50-kg lots, ac  
 £4.07½ kg; sodium £4.50.  
**Sulphathiazole:** 100-kg £2.025 per kg; 50-  
 £2.07½.

### Crude drugs

**Balsams:** (lb) **Canada:** £1.82 spot; shipme  
 £1.80 cif. **Copaiba:** BPC £0.50; Para £0.40. **Per**  
 £1.20, £1.15, cif. **Tolu:** BP £0.70.  
**Ginger:** (ton) **Cochin** £210, cif. **Jamaica**  
 No. 3 £1,050 spot; £830, cif. **Nigerian split** £16  
 cif; peeled £300 spot; £247.50, cif.  
**Henbane:** Niger nominal spot and cif.  
**Hydrastis:** £1.95 lb spot; £1.90, cif.  
**Lemon peel:** Spot £210 metric ton; £185, cif.  
**Menthol:** (kg) **Chinese** spot £5.90 shipment £5.8  
 cif. **Brazilian** spot £4.15; April-May £3.90, c  
**Pepper:** (ton) **Forward Sarawak black** £360 sp  
 £320, cif; white £465; £440, cif.  
**Seeds:** (ton) **Anise:** China star £175, spo  
 shipment (125, cif. **Caraway:** Dutch ex wha  
 £390. **Celery:** Indian £360; shipment £28  
 cif. **Corlander:** Moroccan £77, cif. **Cumin:** Indi  
 £300, cif. **Dill:** Indian £23, cif. **Fennel:** Indi  
 £163, cif. **Chinese** £120, cif. **Fenugreek:** Moro  
 can for shipment £63, cif. **Mustard:** £60-£120.  
**Turmeric:** Madras finger £175 ton; £157.50, c

### Essential oils

**Bois de rose:** Brazilian £1.90 kg spot; £1.75, c  
**Citronella:** Ceylon spot £1.05 kg; £0.95, cif.  
**Geranium:** (kg) **Bourbon** £16.25 kg; Congo £13.7  
 cif.  
**Lemongrass:** £2 kg spot; May-June £1.77, c  
**Peppermint:** (per kg) **Arvensis Chinese.** Sp  
 £2.50; £2.30 cif. **Brazilian** £1.65 spot; April-M  
 £1.60 cif. **American Piperata** from £3.8

## Classified advertisements

### Situations vacant

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## TECHNICAL ADMINISTRATION OFFICER

This vacancy is for a pharmacist with a plus of administrative ability. The job covers mainly assembly of a broad range of pharmaceutical and clinical data for preparation of applications to the Committee on Safety of Medicines. To do this will involve liaison with all technical departments within the Company. There is much in the detail of the work that is particularly interesting since it includes the use of most branches of pharmaceutical training. It will also enable the pharmacist with administrative flair to exercise that ability. We would prefer applicants to have some experience of this type of work, but this is not essential. Keenness and interest in the job is! Apply to the Manager, Personnel Department, Riker Laboratories, Morley Street, Loughborough, Leicestershire. LE11 1EP. Tel: Loughborough 68181.

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Vacancies exist for young women to join the staff of our Technical Laboratory.

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 Personnel Officer

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# CHEMIST & DRUGGIST

13th year of publication Vol. 197 No. 4806

The newswweekly for pharmacy

**Editor** Arthur Wright, FPS, DBA**Deputy Editor** R. E. Salmon, MPS**Markets Editor** W. S. Bowman, MPS,  
MIPharmM**News Editor** Charles Ward**Technical Editor** P. J. Merry, BSc, MPS.**Information Services** I. H. Cotgrove**Advertisement Manager** James Lear**Advertisement Executives**

J. Foster-Firth, MPS

John C. Jackson

**Production** K. Harman

**Published** every Saturday by  
Benn Brothers Ltd, Bouverie House,  
154 Fleet Street, London, EC4A 2DL  
(01-353 3212) Telex 887026  
Subscription Department,  
Lyon Tower, 125 High Street,  
Colliers Wood, London SW19  
(01-542 8575)

**Midlands office**

240-244 Stratford Road,  
Shirley, Solihull, Warwicks  
021-744 4427

**Scottish office**

74 Drymen Road,  
Bearsden, Glasgow  
041-942 2315

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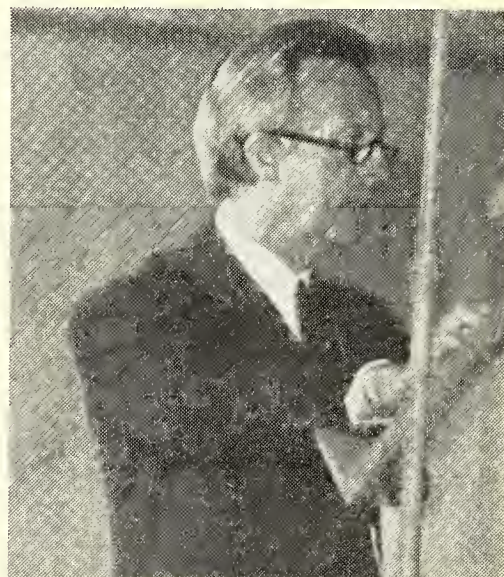
Permanent House  
The Headrow, Leeds LS1 8DF  
Leeds 22841

**North West office**

491 Chester Road,  
Old Trafford, Manchester M16 9HF  
061-872 5151

**Subscription** Home and Overseas £8 pa;  
£0.30 per copy (including postage)

Contents ©

Member Audit Bureau  
of Circulations**A Benn Group Journal**

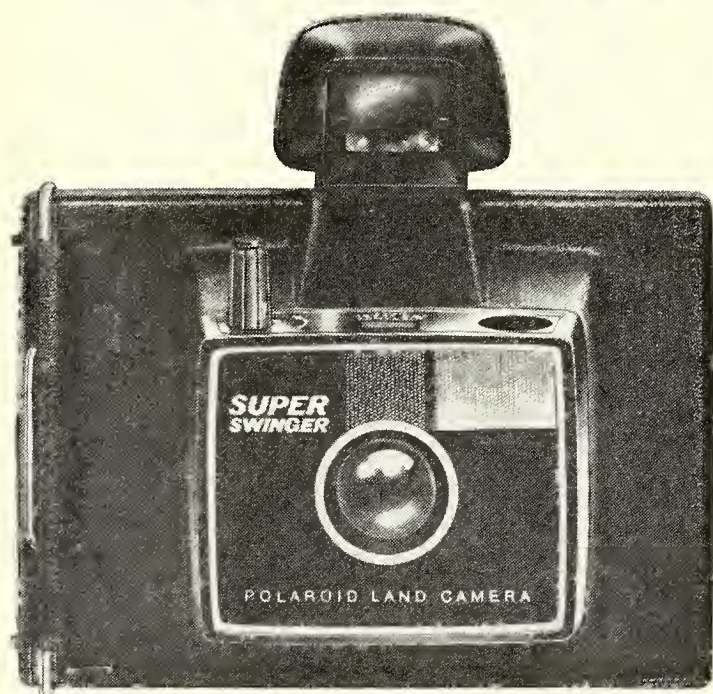
*Dr P. C. Spensley, director of the Tropical Products Institute, opening the conference on spices on April 10 at the School of Pharmacy, Brunswick Square, London. (See p 576)*

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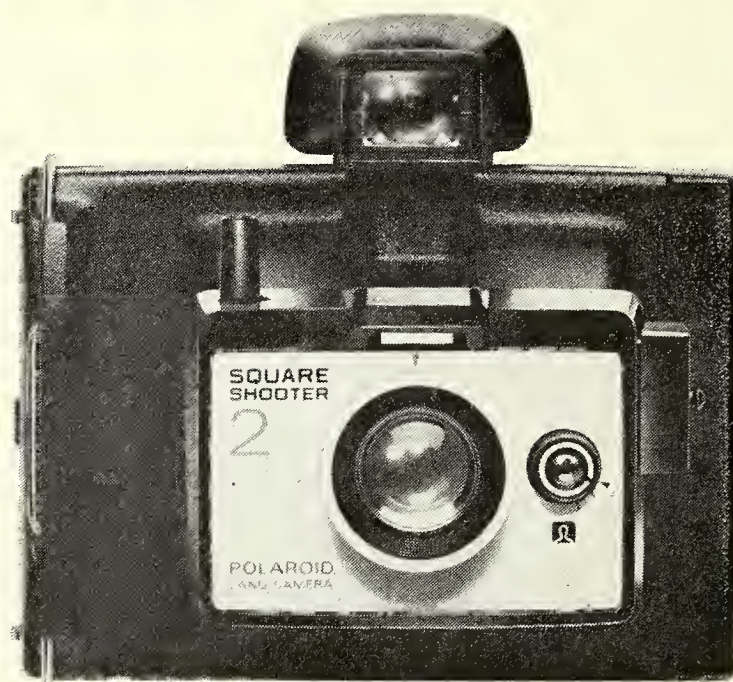
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# Introducing two more instant successes from Polaroid



The new Polaroid instant picture camera for **only £7.30\***. Right in the market where 80% of all still cameras are sold. Super Swinger makes crisp finished pictures in seconds, using only Polaroid Type 87 black and white square format pack film. Super Swinger's built-in flash gun uses inexpensive AG3 bulbs.

With Polaroid's planned massive advertising support on network television, this camera will make a major contribution to your total photographic business.



The new Polaroid instant colour picture camera for **£13.30\***. Well placed in the £10-20 camera market, where Polaroid already has a 25% share. Square Shooter 2 uses only Polaroid Type 88 colour pack film to make superb square format finished colour pictures in a minute. Square Shooter 2 has a built in flash unit that uses battery powered four shot cubes.

Polaroid has planned a dramatic colour advertising campaign for this camera and so your share of this market segment should expand even more.

\*Suggested Retail Prices

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"Polaroid" and "Swinger" are trade marks of Polaroid Corporation, Cambridge, Mass., U.S.A.

# Industry goes out to meet the people

Britain's pharmaceutical industry will be making an all out attempt to improve its contact with local organisations and personalities during the last week of September.

The Association of the British Pharmaceutical Industry plans to encourage member companies to carry out a public relations campaign in their own areas, meeting such people as civic dignitaries and Members of Parliament, and holding open days for school masters and other such influential members of the community.

To assist them, ABPI will be sponsoring some central events including an exhibition on the work of the medical practitioner. Coinciding with the week will be a one-day symposium at which speakers from outside the industry will review the state of medicine today.

The ABPI is also considering ways of promoting the industry's relationship with the professions, and it is hoped to devise a means of showing the public how the pharmacist has behind him a £ multi-million industry.

## Chart for schools

Next month ABPI will be associated with the launch of an educational chart showing the story of medicines", aimed at ten- to sixteen-year-old children. The full-colour, multiple-fold 4 x 1ft chart will be sold by a firm of educational publishers to schools at about £0.75, but the ABPI is sponsoring a large part of the first print order. Charts are accompanied by a set of notes for teachers.

The author was the late Mr H. Waller, former editor of *C&D*—it is believed that the chart was his last major project before his untimely death in February this year.

## Lumber three for Babyboots

Babyboots Ltd have opened their first Babyboots branch in Scotland—the third in the UK—at 75 High Street, Falkirk. Babyboots shops are devoted entirely to the needs of infants and toddlers, from baby foods to nursery furnishings.

## Dispensing doctors attacked

Patients are often at the mercy of someone neither trained to dispense nor to look after medications properly in the case of doctor-owned dispensaries, declares the recently-published book, "Hazards of Medication" (see review *C&D*, February 26, p 275).

It records that doctors in the United States control or own about 3,500 of the 52,000 pharmacies there in addition to an unstated number of nursing homes, hospitals and other health care facilities with pharmaceutical services and contends that this is basically unethical.

Another estimate given is that approximately 10 per cent of American patients have in recent years bought their medicines from physicians.

Attacking these practices the authors state: "Even if surveys are conducted sometime in the future to determine whether the number of errors committed by dispensing doctors are minimal and whether their prescription prices compare favourably with those in the surrounding community pharmacies, there still remain the obvious risk of over-prescribing and the ethical consideration of conflict of interests when the physician is both prescriber and dispenser."

## More help from pharmacists?

"Pharmacists are qualified to do much more than they are doing at present. They could help, for instance, in administering injections and in providing blood and urine analyses."

Those were the opening remarks to a full-page article by Mr Sydney Steyn, MPS, in the medical publication *Pulse*.

Mr Steyn asked for greater co-operation between the two professions.



Dr F. J. Geks (right), marketing director of Bayer's pharmaceutical division in Germany hands over the Bayer cross for use in the UK to Mr H. Wallrabe, managing director of Bayer Pharmaceuticals Ltd (story p 572)

## Self-adhesive labels taking over

Self-adhesive labels currently fill about 30 per cent of the pharmaceutical industry's label needs against seven per cent for all industry, according to Mr P. W. Stubbs, director, Fasson (UK) Ltd. Mr Stubbs who was taking part in a seminar on self-adhesive label in London this week, maintained that the advantages over the water-gum type for the pharmaceutical industry were:

- ☐ Security of identification.
- ☐ Cleaner and faster application which meant
- ☐ Reduced labour costs.

All over the world, he said, the industry was installing automatic roll-fed self-adhesive labelling systems which were faster than any previously used. He also saw a future for the labels in the cosmetic and perfume industry now that they were able to get foil labels.

## Developments

Mr A. Scheffold, Ferd Rüesch, Switzerland, surveyed the new developments in machines including his company's Q33-Ph developed for the pharmaceutical industry.

Among those on the panel at question time was Mr J. R. Dale, chief inspector, Pharmaceutical Society. He was asked whether anything was being

done to standardise labels with those in Europe. He replied that he hoped for co-ordination but it was too early to do anything about it.

Another questioner asked if he envisaged labels becoming bigger to cater for all the data that was likely to be asked for when the medicines regulations came into force. Mr Dale replied no. If it was impractical to accommodate all the data the pharmaceutical industry would no doubt take the matter up with the Ministry.

## Old fittings sold to US

Fittings from the pharmacy of Ralph Cuthbert Ltd, Westgate, Huddersfield, are now on their way to the United States. They have been bought by American antique dealer, Mr Mark Brodsky, for re-sale there.

Before they were dismantled from the long-established chemist's shop at Huddersfield photographs were taken so that Mr Brodsky would be able to reassemble the fittings in an exact replica of their former Huddersfield setting. He is hoping that they will be bought by an American chemist who wishes to convert his premises into a typical English chemist's shop of the past.

Ralph Cuthbert's were recently taken over by Mr Harold Manners who is giving a new look to the store.

# IV fluids: call for push-button autoclaves

All the "knob twiddling" should be taken out of the hands of autoclave operators so that all they have to do is press a button.

That suggestion was made during the closing stages of the Government inquiry into contaminated intravenous fluids associated with five deaths at a Plymouth hospital. It was put by Mr G. Wilkinson, FPS, an inspector with the Department of Health scientific and technical branch, who had been asked how autoclaves could be made safer in future.

"Let's face it, you cannot get highly qualified persons to work these autoclaves. It would be wasteful to do so."

## Principles

Mr Michael Willows, a pharmaceutical inspector in the same branch, said: "There is no doubt that some of the workers in the department obviously would not understand a lot of the principles involved."

Sir James Howey, a member of the committee of inquiry and a director of the Public Laboratory Service, suggested that people became very irritated by the details of sterilising technology. "Do you think people really understand them or hope for the best?" he asked. Mr Willows agreed that some of the Evans Medical staff would not fully understand the process.

For the hospital it was said that hospitals did not have the staff to carry out detailed examination of every bottle of transfusion fluid.

Mr P. Bowser, for Mr Brian Devonport, pharmacist in charge of the Evans Medical transfusion department, said his client had not thought to blame either superiors or subordinates. He pointed out that Mr Devonport had no experience of sterile production before managing the process, and had no practical engineering or mechanical training in operating autoclaves. "My client, his subordinates, all appeared to have learned on the job."

Although the company had produced a comprehensive set of instructions on autoclaves, it was clear that they would be improved, he added.

Mr A. Graham-Dixon, counsel for Evans Medical, said he

was not at the inquiry to make excuses for the company. "In the pharmaceutical industry mistakes cannot be afforded", he said.

Too much reliance had been placed on a qualified pharmacist being in charge of the autoclave department. "It was rather a pity that there was no one who knew autoclave inside out and was there in charge of day-to-day production. Clearly there was a lack of sufficiently detailed supervision."

Mr Graham-Dixon said it had to be asked if there should be a pharmacist in charge of the transfusion department. "If he has nothing else to do, since the job is a relatively routine one in the sense of not calling on a wide range of expertise, he is going to get bored with it."

Mr Graham-Dixon agreed with Mr Cecil Clothier, QC, the chairman, when he suggested that there was a need for people to be trained as "kings of autoclave"—to operate them and nothing else.

## Organisms

A test on the contaminated drip feed solution showed up to 2,700,000 organisms per millilitre. Dr Peter Meers, consultant bacteriologist at Plymouth, told the inquiry at last week's hearing.

Dr Meers said some bottles produced a single type of organism, others two different organisms. He had examined material from some patients, and in one case found contributory evidence of a connection between the patient and organisms isolated from the bottles. The speed at which they would grow depended on the amount of nutrient and the temperature. In an experiment he was able to detect cloudiness in a solution within a week.

The organisms, of the coliform type, were destroyed by heating to 80 degrees centigrade.

Although there were comprehensive instructions at the Evans factory for the sterilising process, there was no exact procedure laid down for dealing with the breakdown of the recording thermometer on

the autoclave, said Mr Willows.

Evans Medical had gone to a lot of trouble to produce working instructions, he said, but should have gone further so that in case of a breakdown, the men in charge should know exactly how to deal with it.

It was possible to deduce that, of the 612 bottles which went into autoclave number four, 510 bottles were in the sub-batch finally released, but there was no one document giving that figure.

In 1966 there had been a contamination of infusion fluid at the Speke factory. All the Ministry recommendations of 1966 had been carried out, said Mr Willows. "It is very necessary that any further recommendations are carried out and seen to remain in effect," he added.

The public part of the inquiry ended on Tuesday. The findings will be published but not, it is thought, for several months.

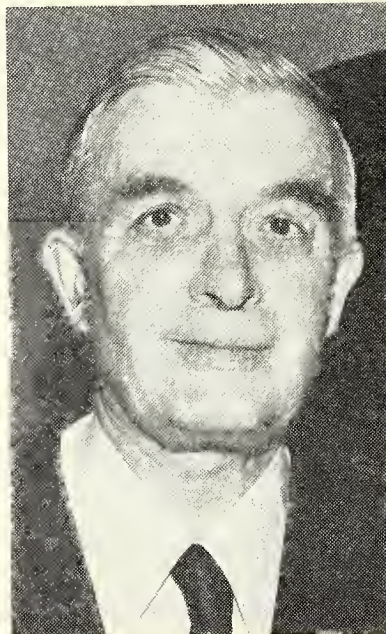
## Honour for Professor Trease

Professor G. Trease has been made an honorary member of The British Society for the History of Pharmacy.

The announcement was made at the final session of the Society's weekend annual residential conference at Exeter University, April 14-16.

This is the first honorary membership granted by the Society whose constitution allows the election of 12 honorary members.

Professor Trease had earlier presented a paper on Spicers and Early Apothecaries (see p 576).



Professor G. Trease

## Pharmaceuticals R&D report published

The research and development structures of seven pharmaceutical companies in the UK—Beecham, CIBA Laboratories, ICI pharmaceuticals division, Eli Lilly, Pfizer, Smith and Nephew and Wellcome Foundation—have been examined in a review published by the National Economic Development Office on behalf of the pharmaceuticals working party of the Economic Development Committee (Little Neddy) for the Chemical Industry.

One of the main conclusions of the report is that multidisciplinary project teams have become key features of organisation structure for research and development in the pharmaceutical industry.

The review forms one of three short reports, being published in advance of the working party's main report.

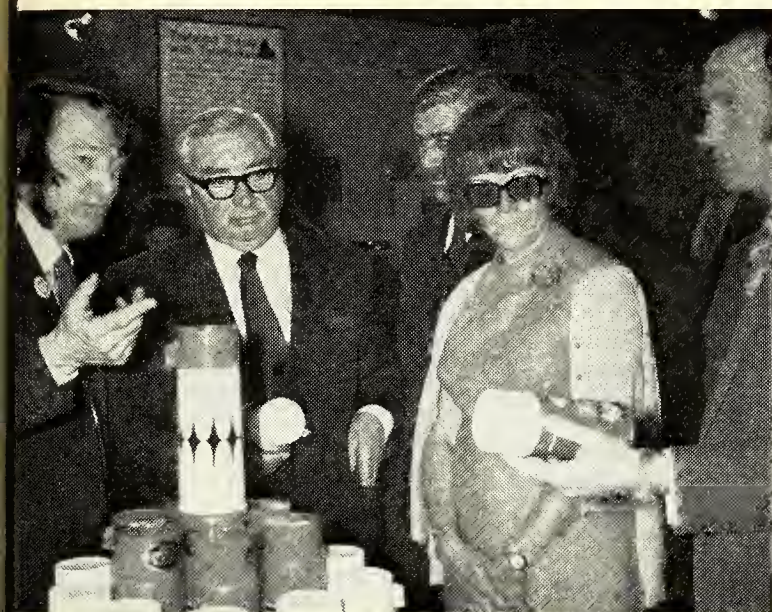
The report states that pharmaceutical companies recognise that because of their dependence upon research it is important to provide a pattern of organisation which helps stimulate the individual and foster the flow of ideas.

All of the companies interviewed operate some form of project team system. Nevertheless, most consider it essential to retain the departmental structure, based on subject scientific discipline, as the basis of a permanent organisation structure. The "dynamic" element of project organisation linked into this permanent structure in a variety of ways ranging from the use of full-time project leaders to control by committees.

Other aspects of organisational structure for R&D, such as the links with the marketing department, and the position of the R&D department in the company organisation as a whole, were also covered in the interviews. Copies of the report "Organising R&D" are from NEDO. The other two advance reports of the pharmaceuticals working party, "Reaching World Markets", already published and "International Price Comparison" will be published shortly.

## Oestrogens study

The Minister of Agriculture to examine recommendations by the Veterinary Production Committee for changes in the rules governing use of injectable oestrogens in veal production.



Lord George-Brown opened the Incentive Marketing Exhibition at the New Horticultural Hall on April 10. He toured the show and on the stand of Aladdin Ltd he was intrigued by a small vacuum flask designed like a can of Crosse and Blackwell soup. Mr David Hedderman, sales manager for the Vacuum Flask Division, explained that the little 8oz flask was a novel idea used by Crosse and Blackwell to promote their soup. Lord George-Brown was shown other flasks on which special designs had been printed to promote a manufacturer's product. Pictured above from left to right: Mr David Hedderman, Lord George-Brown, Mr Frank Copeman and Valerie Kimble who organised the exhibition with Mr Alan Edwards of Aladdin

## Amphetamines: A chemists lose from ban

South African pharmacists are calling for the assistance of the Department of Health officials to get rid of 45,000 rand-worth of amphetamine-type drugs which have been banned by the Government.

Amphetamines, or drugs with amphetamine-like action, may no longer be possessed by anybody in South Africa under the terms of a total ban proposed in the Government Gazette at the end of February. Doctors and pharmacists are therefore faced with the task of destroying their stocks and they will not be compensated for their losses.

No doctor or pharmacist may destroy his stocks unless this is done under the supervision of an official from the Health Department or a senior police official. It is estimated that South Africa's 1,800 pharmacists hold about R45,000 worth of the drugs and technically it is illegal for them to do so.

Dispensing doctors probably hold much larger quantities.

The Pharmaceutical Society of South Africa called for a total ban on amphetamines nearly two years ago while the Robt Commission into drug

abuse last year made a similar recommendation. Thus those caught with big stocks are considered to have been adequately warned.

## Explain exports asks MP

An explanation for pharmaceutical exports to EEC countries having increased by eight per cent last year, whereas those to EFTA countries rose by 36 per cent, was requested by Mr Laurie Pavitt.

Sir Keith Joseph, Secretary of State, replied: "The rise of eight per cent compared with 42 per cent in the previous year is almost certainly attributable to the investment by United Kingdom firms in pharmaceutical manufacturing plant in EEC countries. Exports in 1971 to both areas were substantial: £29.5 million to EEC and £24.8 million to EFTA."

## Society seeks registration

The Pharmaceutical Society of Great Britain has made formal application to be included in the special register kept under the Industrial Relations Act.

Reporting that to the April Council meeting, Mr D. F. Lewis, secretary and registrar, anticipated that proceedings for registration would be "protracted."

# Chlormadinone safety checks suggest reprieve

New facts concerning the previous use of chlormadinone acetate (a 17-acetoxy derivative of progesterone) in the contraceptive "minipill" were revealed to the 570 participants of the first "international meeting of medical advisers in the pharmaceutical industry" held in London this week.

Dr R. Hill, director of the department of toxicology, Syntex Research, Palo Alto, USA, told the conference that after the US Food and Drug Ad-

ministration had banned the substance, on the basis of experiments in dogs, a study had revealed that chlormadinone had a progestational potency ratio of 255:5 when the drug's effect was compared in dogs and man respectively.

It was found that less was excreted by the beagles used in the trial, suggestion that the administered drug had a greater affinity for the animals' tissues; also a considerably larger amount of free un-metabolised drug was detected—a possible reason for the substance's unusual potency in that situation.

The FDA action was prompted by the appearance of mammary gland nodules in beagle bitches which had been given oral chlormadinone daily for about a year.

The nodules were described as "usually benign neoplasms containing both epithelial and connective tissue components, which were rarely seen in species other than the canine."

Answering a question about the American decision, Dr Hill thought that it was probably made on the basis that alternative oral contraceptives were available. Possibly the FDA conclusion was not reached on a scientific basis but because of the likelihood of an indefensible position arising as far as the public were concerned when the word "cancer" was used.

There is an indication that products containing chlormadinone, withdrawn from the UK market at the time, may be re-introduced later this year.

## Search for hidden price rises

The Consumers' Association is asking readers of its magazine *Which?* to spot "hidden" price increases.

As an example the magazine's April issue quotes the introduction of New Formula Antussin, said to be of roughly the same strength as the old children's version, so that adults have to take twice as much as they did when there was an adult version. "In effect a doubling on the cost of using it," says *Which?*

## Move on safety containers

The Department of Health will be instituting early discussion with representatives of professional and commercial interests about the practical considerations which would arise from the introduction of child-resistant containers, Mr Michael Allison, Under Secretary, said in the Commons last week.

He again welcomed the decision of the British Standards Institution to set up, at the request of the Pharmaceutical Society, a technical committee on methods of test for child-resistant containers.

## Razor and blade sales

Sales of safety razor sets in the third quarter of 1971 totalled 3.09m and were valued at £861,000.

Safety razor blades sold during the quarter, excluding those in sets, were: stainless steel, 307.81m valued at £4.43m, and others, 188.29m valued at £908,000, according to *Business Monitor*, p 32 (HM Stationery Office).

Exports of blades and razors during the quarter were valued at £3.86m against £4.76m in the second quarter.

## Bottle labelling

The Minister of Agriculture is to ask manufacturers of bottled fruit drinks to introduce ingredient labelling before 1976 (when it becomes mandatory) "if existing stocks of labels run out sooner," Mr A. Stoddart, Minister of State, told the Commons this week.

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	36 to 40	£200
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	46 to 50	£150
	51 to 55	£140
	56 to 60	£125
	61 to 65	£110
	Over 65	£105

Date of Birth..... Occupation .....

1. CASH PURCHASE. I wish to invest £..... in Hodge Bonds (any amount from £10 to £10,000 in multiples of £10) and I enclose a cheque for this amount payable to Hodge Life Assurance Company Limited.

2. EXTENDED PURCHASE. I wish to purchase £..... Hodge Bonds (£200 to £1,000 in multiples of £50) and pay over 1/2/3/4/5 years (delete as required). Please send Agreement.

\*I declare that I am in good health and that no proposal for assurance on my life has ever been treated adversely by any Company. I agree that this proposal shall be the basis of a contract between myself and Hodge Life Assurance Company Limited. If the Company accepts my proposal I agree to accept the Policy issued by Hodge Life Assurance Company Limited which shall be construed as acceptance of this proposal.

\*If the Declaration incorporated in the Proposal Form cannot be completed a brief resume of the Life Assured's medical history may be attached to the form.

Date..... Signature..... CD

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**You can have a block of Hodge Bonds NOW and pay for them over 1 to 5 years**

Hodge Life Assurance Company Limited can arrange a loan to enable you to buy £200 upwards (maximum £1,000) of Hodge Bonds immediately and pay for them by monthly Banker's Order over one to five years. No penalties for early redemption.

The Bonds are yours with your first monthly payment so that you gain full advantage of any appreciation in value during the purchase period. This could easily offset the interest on the loan. You also obtain Life Assurance Cover from the outset.

You can also buy them for cash with a minimum of £10.

#### Monthly Payments

These cover repayment of the loan and interest at 1% per month on the reducing balance.

1 year purchase period	— £17.76 per month per £200 Bond
2 year purchase period	— £9.42 per month per £200 Bond
3 year purchase period	— £6.64 per month per £200 Bond
4 year purchase period	— £5.26 per month per £200 Bond
5 year purchase period	— £4.44 per month per £200 Bond

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Of course the value of Bonds can go down as well as up but the Managers believe that this Fund provides one of the best means available for those who are prepared to forego income for Capital appreciation. The Managers believe too that with the investment advice which they receive, coupled with their endless quest for new investment situations, the outlook for Bondholders must be exceedingly bright.

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**For Cash.** Any amount at any time from £10 to £10,000 in multiples of £10. Just complete the proposal form opposite and send your cheque.

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You will then receive an official contract which should be completed and returned to the Company. Your Bond will be issued at the 'Sale Price' on the day your proposal is received by us. The 'Sale Price' and the 'Repurchase Price' are quoted daily in the National Press. Your Life Assurance will become effective when we send our acknowledgment and will continue throughout the period you hold your Bonds.

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The Management Charges are  $3\frac{3}{4}\%$  deducted initially and a half yearly deduction of 25p per £100 based on the capital value of the Fund.

◀ If you require more information, please complete the Proposal Form and mark it "For Information Only" and a comprehensive booklet will be sent to you.

# COMPANY NEWS

## Kodak sales up per cent

total sales of Kodak Ltd and subsidiaries increased during 1971 by 9.2 per cent to £88.2m. Exports accounted for over a quarter of total sales and rose 7.7 per cent on 1970.

The report says: "The amateur market contributed significantly to the 1971 performance. The new range of Instamatic cameras (55X) was introduced and was well received—indeed, all camera sales reached a peak well up on the previous year. Colour film sales also moved strongly ahead".

Earnings, before tax, rose broadly in line with the higher sales. They totalled £19.6m compared with £17.8m in 1970 which was "a distinct improvement on the previous year's gain". Largely as a result of lower tax, net earnings rose from £10.8 to £12.3m.

"Investment in new facilities continued at a high level despite the general economic situation. Gross expenditure amounted to £3.6m against which Government industrial grants totalling £33,000 will be received.

## Glaxo scheme defended

Sir Alan Wilson, chairman of Glaxo Laboratories Ltd, has written to shareholders to deny recent allegations that the proposed capital reorganisation (see *C&D*, March 25, p408), designed to save the group £1.25m a year in tax, presents an obstacle to any bidder.

Sir Alan Wilson in his letter says that it was thought holders of the convertible stock needed "further protection" when the company faced a bid because the Takeover Code only asked for "appropriate arrangements" to be made in respect of convertible stock.

Sir Alan adds: "The amount of the convertible stock is relatively small by comparison with the total value which an offeror would have to pay for the whole of Glaxo's equity, and it would present no serious obstacle either to a bona fide offeror for the holdings equity or to an agreed merger."

## Unilever growth may slow down

The Unilever Organisation is expected to maintain its profit growth rate in the current year but not at the same rapid rate as in 1971 when operating profits rose 23 per cent, states the chairman, Dr Ernest Woodroffe, in discussing the 1971 report.

Growth will come from extending the existing range of products, from expanding into new geographic markets with existing products and from introducing new products on the "fringe" of Unilever's present business.

In 1971, combined sales of Unilever Ltd and NV were £3,811m (£3,549m) and trading was £203m (£165m), with the dividends—Ltd 11.2p (9.415p) and NV Fls.6.2 (Fls.5.43).

The group's sales of detergents and toilet preparations amounted to £735m (£686m) and profit from them £58m (£44m).

The toilet preparations business was "very successful", states the report.

## Beatson Clark pay 1% more

Beatson Clark & Co Ltd propose to raise their dividend for 1971 by 1 per cent to 20 per cent. Group profits, before tax, at £779,000 were £75,000 less than in 1970 which financial year included 53 weeks.

Net profit, after tax, was £492,000 (£575,000 in 1970) and turnover to £5.58m (£5m).

## Wilcox Jozeau changes

Following the merger of Wilcox Jozeau & Co Ltd and Laboratory Nativelle Ltd, a new company has been formed. From April 24 this company will be known as Wilcox Laboratories Ltd and will represent the UK interests of Bipharm SA of Geneva the international division of Laboratory Nativelle and certain other continental concerns.

Wilcox Laboratories are now located at 215 Coldharbour Lane, London SW9 8RX where new offices, laboratories and warehousing are being built.

## Rockware Group: a 'rights' issue

Rockware Group are to issue 3,838,167 Ordinary shares of £0.25 each at £0.80 per share.

The shares will be offered by way of rights to Ordinary shareholders in the proportion of three new shares for every ten held.

The new shares will not rank for the final dividend of 10 per cent, which the directors are recommending in respect of the year ended January 2. The directors expect that in the absence of unforeseen circumstances they will be able to recommend for the current year a total of 15 per cent on the capital as increased by the rights issue, thus maintaining the rate recommended for 1971.

Mr Peter Parker in his report comments: "Rockware is now prepared to take its opportunities for growth in packaging in both glass and plastics and related fields.

## ICI open plant in US

A new £2-million production and distribution plant of Stuart Pharmaceuticals (a division of ICI America) was officially opened on April 10, in the presence of Mr Russell W. Peterson, the Governor of Delaware, Mr Jack Callard, chairman of ICI, and Mr Edward J. Goett, president of ICI America. The plant, on a 160-acre site near Newark, Delaware, USA, covering about 85,000sq ft will make a range of "ethical" pharmaceutical products.

In his address Mr Callard said: "We see in the enviable record of Stuart Pharmaceuticals, which tripled its sales and quadrupled its earnings in the 1960s, ample evidence of the marketing skills we are seeking. Our own pharmaceuticals business in the United Kingdom is also growing fast, and in the past eight years has moved from twentieth to sixth place in the British pharmaceutical industry".

## Steetley's half-year forecast

At last week's annual meeting of Steetley Co Ltd, the chairman, Mr N. M. Peech, said that the first half of 1972 would produce figures which would compare badly with the corresponding period of 1971.

"The power cuts seriously affected continuous process operations and, in consequence, materially reduced profits," he said.

In the second half profits would depend substantially on how soon and how far the deflationary measures taken by

the Chancellor in his Budget stimulated the economy and increased demand for Steetley's products, and thus mitigated the bad start to the year.

## Laporte's results

For the nine months to January 2 (the new year-end), Laporte Industries (Holdings) Ltd produced a trading profit of £2.38m and a balance before tax of £1.52m.

The results are in keeping with those for the half-year to September 1971.

## Reckitt & Colman lift dividend

Profits of Reckitt & Colman Ltd for 1971 were £19.8 million against £16.85m in 1970 and the board recommend a dividend of 19 per cent for the year against 17 per cent.

Taxation takes £9.49m which is about £3m more than in 1970.

## In brief

**Polaroid Corporation** of the US had record consolidated first-quarter sales of \$111.768m compared with \$88.557m for the same period last year. Consolidated net earnings \$8.80m against \$7.589m in the same period of 1971.

**R. Weston (Chemists) Ltd** will be opening a new branch at 5 Somerset Square, Nailsea, Somerset, on May 1. The manager will be Mr J. H. Maskell MPS. It is situated in a new precinct.

**International Chemical and Nuclear Corporation USA** has purchased two Brazilian pharmaceutical companies, Usafarma and Iquibras.

## Appointments

**Smith & Nephew Associated Companies Ltd:** Mr F. L. Otto has been appointed to the board. He is chairman of the company's hygiene division.

**Kimberly-Clark Ltd** are reorganising their national sales force. The main change is the creation of a fourth sales region to cover the western area with Mr John Huflett as manager. He continues to operate from Worcester. Mr Terry Lancaster is promoted from sales training manager to be manager of the new midland region with his office in London while Mr Dick Ayling becomes sales training manager.

# PEOPLE

**Mr John Maclean, MPS**, who set up business in Cumnock, Ayrshire, just six years ago, was guest of honour at a recent civic reception given by the town council. It was in recognition of his appointment as chairman of the Scottish Executive of the Pharmaceutical Society as well as his business and social activities within the town.

Mr Maclean served his apprenticeship in Glasgow and qualified in 1929. He spent several years in England, but returned to Scotland in 1935 to take over a retail business in Auchinleck. Six years ago, with Mr George Rillie, he established a business in Townhead Street, Cumnock.

**Mr R. Morris**, director of Andre Philippe Ltd, leaves today (April 22) on a four-week Far Eastern tour. He will visit Singapore, Hong Kong, Tokyo, Sydney and Kuwait calling on existing distributors and making contacts with new markets.

**Mr W. F. D. Deaville, MPS**, has been elected president of Worksoop and District Chamber of Trade and Commerce. He has been a member of the chamber for 22 years and is also a past committee member.

**Mr John Wadsworth**, divisional proprietaries marketing manager of Wander Ltd, will be leaving the company at the end of June to set up his own business in non-food lines.

## Deaths

**Allwood:** Recently, Mr Jack William Stanley Allwood, MPS, in business for many years at 3 High Street, Barrow-on-Soar, near Loughborough, Leics, until his recent retirement. Mr Allwood qualified in 1920.

**Anderson:** On April 9 Mr Noel Henry Anderson, MPSNI, 164 Princess Way, Portadown, co Armagh. Mr Anderson qualified in 1950 after serving his apprenticeship in his home town, Cookstown, co Tyrone. For the past twenty years he had a pharmacy at 15 High Street, Portadown.

**Burgoyne:** Recently, Mr William Burgoyne, 122 High Street, Boston Lincs, aged 73. Mr Burgoyne was manager of the Boston branch of Boots Ltd, 1936-58. He qualified as a pharmacist in 1922.

**O'Sullivan:** On April 5, Mr Donal V. O'Sullivan, MPSI, who had conducted his own pharmacy in Cahirciveen, co Kerry, since shortly after qualifying in 1937. He is survived by his wife and family of three, one of whom, Dr Alan, is also a pharmacist.

**Roussel:** In a helicopter crash near Paris recently Monsieur Jean-Claude Roussel, chairman of the Roussel-Uclaf Group aged 49. In the last two decades Jean-Claude Roussel had transformed the somewhat loose and inchoate collection of companies which he inherited into a diversified but balanced group with sales last year exceeding £150m, more than half outside metropolitan France.

**Ryan:** Recently Mr John C. Ryan, MPSI, Ballinspittle, Kinsale, co Cork. He qualified in 1944.

## NEWS IN BRIEF

□ About 2,000 pharmacists recently staged a protest march in Tokyo, Japan, against a Government decision to put the sale of tranquillisers, some asthma drugs, and female hormone preparations on prescription only.

□ Department for Trade and Industry petitions for the compulsory winding-up of Koscot Interplanetary (UK) Ltd, and an associated company Koscot AG were stood over for a further three weeks in the High Court on Monday.

□ According to the Northern Ireland index of retail shops, chemists and photographic dealers increased their sales by 3 per cent in January to 124 compared with January last year. The figures do not allow for receipts under the National Health Service.

□ Two doctors who have just written a book about skin problems say that dermatology is unquestionably the best area to specialise in, reports the *Daily Mail*. "The patient never dies, rarely phones in the middle of the night, and never gets better."

□ Promotion plans for both Radian products and Biovital were discussed at the Spring sales conference of Radiol Chemicals Ltd, held recently at the White Hart Hotel, Witham, Essex. Besides Radiol sales representatives, three members of Dr Schieffer Co, manufacturers of Biovital in Cologne also attended.

## Topical reflections By Xrayser

### They're off

Pharmacy's "Grand National" is upon us, and the opportunity of sizing-up form in advance through the medium of the statements of policies published last week should, in view of the early arrival of the ballot papers, give us something to go on.

It is evident, from the statements of the candidates, that decisions of vital importance have to be taken in the near future and put into effect. The prospective members of Council of the Pharmaceutical Society draw attention to the problems—the impact on the profession of entry into the European Economic Community; the planning of a pharmaceutical service; the quickly-changing pattern domestically, arising from the rapid extension of health centre and group practice; the Industrial Relations Act; restriction of the contract in the National Health Service, which is, of course, only one facet of a planned service; and rural dispensing, to name only some of the subjects to which reference is made.

It would require something of a superman to have the answers to all the issues involved, but a careful reading of the statements, even allowing for the need to be brief, discloses little more than the issues themselves. We all know what they are and can enumerate them, as the candidates have done, and we are all aware that vision and boldness are essential, as one candidate says, and that the Industrial Relations Act will give the Council much food for thought, to quote another. We suspect that EEC will have far-reaching effects on pharmacy; we know that any directives must be carefully considered, but the objectives and the course are not detailed.

There may be an opportunity to ask questions of some of the candidates at open meeting. But there would seem to be no need for alarm and despondency, for judging from their photographs, the contestants, almost without exception, face the future with a bright and happy smile.

### Specialisation

In writing as I have done, I do not wish to minimise the magnitude of the task awaiting the successful candidates, of whom some have already had considerable experience. But it seems to me that there is scope in Council for what I might call the "specialist." By that I mean the member who is prepared to devote his principal energies in a specific direction and make himself master of one particular facet of the work, as was done with conspicuous success in past years by C. W. Maplethorpe in education, and J. B. Grosset in general practice.

To blaze the trail requires dedication and single-minded purpose, as well as self-effacement in other directions, and a shunning of the limelight. It seems to me, with the wide spectrum of our commitments at the present time, we need the specialist who will choose his field and make it his special study to the exclusion of almost everything else. It is, as Mr Maplethorpe would endorse, an excellent discipline.

### How many?

I note that one candidate states that we must face the possibility of a "glut" of pharmacists and that the Society must plan to meet the situation. Once more, we have to decide what the role of the pharmacist is to be, in the context of his professional services. "Maintenance of the numbers on the register" has been a slogan in past years, but what is the ideal number? And for what?

# Polaroid announces 273,672,000 grand openings.

Every opening's a surprise—how will the picture come out? In seconds they'll know.

Over 273 million times this year we'll be demonstrating on TV how easy and fast it is to take beautiful photographs with a Polaroid instant picture camera.

For the first time we'll be showing our new, low-cost Super Swinger camera that lets you drop in a film pack and take out big, black and white pictures seconds later. (Great news for people who love simple cameras with low price tags.)

We're also taking full pages in the Sunday Times and Readers Digest where we'll be telling nearly 10 million adults about our new Square Shooter 2, the lowest priced instant colour picture camera on the market. (Great news for people who love both colour pictures and a bargain.)

We're going to spend like mad on TV and in the press to get all those people into your shop. (And this, we think, is great news for you.) **Polaroid Instant Picture Cameras.**



"Polaroid" and "Swinger" are trade marks of Polaroid Corporation, Cambridge, Mass., U.S.A.  
Polaroid (U.K.) Limited, Rosanne House, Welwyn Garden City, Herts.

# NEW PRODUCTS AND PACKS

## Cosmetics and toiletries

### Max Factor additions

Max Factor have launched a number of products for the spring and summer. Whipped creme lipstick (£0.55) is available in 12 colours said to be "excitingly different", Tawny port, Soft Sherry and Smokey Orange in the brown shades; Brightest Strawberry, Pink Quartz, Pink Bronze and Amber Cream in the pinks; Coral Flambe, Scarlet Cherry and Warm Wine in the reds; and Smokey Plum and Plum Bronze in the plums.

The company have also announced a new fragrance, Chontrelle, consisting of "a complex blend of citrus topnotes with a warm musky background". The packaging is in a "handbag" size perfume phial (£0.60), 2oz Eau de Toilette (£0.70), Eau de Toilette spray 25g (£0.65) and 48g (£0.99), Creme Perfume (£0.78), talc (£0.32) and dusting powder (£1.10).

Due to be on sale on June 1 are the new shades of their summer range, California Sun Shiners, consisting of Eye Glossers (£0.45) in Clearly Lavender, Clearly Aqua, Clearly Nutmeg, Clearly Sapphire, Clearly Jade and Clearly Violet; Fresh Fruit Lip Glosses (£0.45) to be worn with or without lipstick and coming in three pearly shades, Frost-a-Cherry, Frost-a-Strawberry, Frost-a-Grape and a plain glossy one, Cafe Espresso (Max Factor Ltd, 16 Old Bond Street, London W1X 4BP).

### Revlon newcomers

Revlon have announced several additions to their range of products. The latest to join the ZP11 Formula anti-dandruff family is ZP11 liquid hairdressing in a 4oz bottle (£0.65). The company claims that many men prefer a liquid to cream product and that this is practically invisible on the hair and leaves absolutely no greasy coating. It should be massaged into scalp on dry or damp hair three times a week.

For the spring/summer face comes Frosted Colorshine lipsticks (£0.70), available in three pink shades: Mauve Silver

Frost, Beige Silver Frost and Pink Silver Frost and three gold-tinted corals; Brown Gold Frost, Red Gold Frost and Sun Gold Frost. This product, presented in pots, is said to contain protective moisturisers and sunscreens.

New to their lemon collection is Lemon conditioning shampoo (£0.55) in a 170cc bottle, claimed to be rich in proteins and conditioners and suitable for all hair types, including dyed or tinted hair.

In addition, the packaging for the Intimate range of fragrances has been re-designed and is now presented in a summery floral pattern.

In the Natural Wonder range, new arrivals are transparent and glossy Lip Shines (£0.55) in Lavendilly, Ginger-peachy, Nectarine, Clover, Freckle and Raindrop; single pan eye shadow (£0.70) in Littleboy Blue, Pottery Pink, Rose Petal, Leafy Green, Mulberry, Sunflower I (yellow) and Sunflower II (gold), the same shades as just introduced in Eye Shine sticks (£0.65). There are also three further Cheek Shines shades, Rose Shine, Peach Shine and Amber Shine (Revlon International Corporation, 86 Brook Street, London W1).

### Country recipes

Mary Quant has introduced a range of cosmetics called Special Recipes which are the basis of her new season country look.

There is a strong emphasis on natural ingredients, which are said to include wheatgerm, honey, oil of almonds and beeswax in colours that "come from beet-root, carrots and the rich lush green of lawns and leaves".

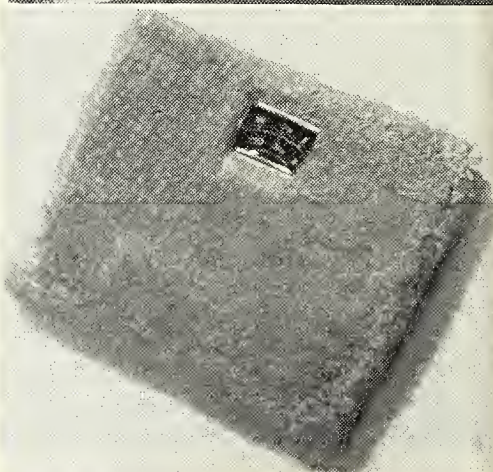
Five products complete the range: foundation cream (£0.65) in pale putty, natural ochre, middle earth and nutbrown; cream rouge (£0.55) in hot sand and cool clover; liquid eye shading (£0.55) in blueberry, mulberry, sage, corn, hazelnut and sweet pea; lipstick (£0.41) in poppy, damson, pansy and rosy and mascara (£0.60) in black and brown/black (Myram Picker Ltd, Hook Rise, Kingston By-Pass, Surrey).

### Houbigant expand range

Houbigant have introduced several additions to the range of fragrances, all supplied to stockists in single deck merchandising units in brown, white and gold colour scheme. The permanent newcomers are Chantilly and Quelques Fleurs hand and body lotion (£0.60) in a 4oz flip top container, 4oz fragrant foam bath (£0.60) and a 5oz aerosol anti-perspirant deodorant (£0.75) carrying the Houbigant trade mark.

For the next few months, the company are offering Super Summer Specials of 4oz Cologne in Chantilly and Quelques Fleurs (£1.15), with delivery due late this month. The products will be presented in a merchandiser containing 10 Chantilly and five Quelques Fleurs. Retailers are offered a bonus of one free Chantilly.

Additions to the Monsieur Houbigant range are a 55cc after shave spray (£1.25), and a miniature version of 15cc (£0.35) and a 55cc bottle after shave (£1.25) (Houbigant Ltd, 76 City Road, London EC1).



## Ophthalmic

### Contact lens solutions

To coincide with the announcement of their See Thru colour contact lenses, Spectrum Laboratories, a newly-formed subsidiary of NuSyte Laboratories Ltd, are launching Contique lens wetting and soaking solutions (£0.66).

These products, to be sold in to the trade from mid-May, are being distributed by Spectrum throughout Europe, except France, under licence from the American ophthalmic preparations manufacturers, Alcon.

The outers of the 60ml wetting solution and 110ml soaking solution packs are designed to show the cosmetic aspect of the products, one of the selling points of the former preparation being that it is said to have longer wetting time than other similar lines (Farillon Ltd, Selinas Lane, Dagenham, Essex).

## Dietary

### Multi-vitamin-mineral tablets

Over the past 15 months all commercial television stations have been showing—and some are still doing so—a series of sixty-five 30-minute films entitled "Yoga for Health". The series feature an American expert in the art, Mr Richard Hiddleman, and stress is made on the need for those taking part in the exercises for a controlled diet.

Vitamin and mineral tablets bearing

he same title and made to Hiddleman's formula have just been marketed by Richards & Appleby. Although not specifically mentioned in the series which claims at least 4 million viewers, the company believe that the pack which bears the same picture of Hiddleman as seen on the screen will be instantly recognised by customer-viewers. The distributors believe that although the product is not sold as a medicinal product the right channel of distribution is the chemist-retailer. In pack of 60 tablets, one-month's supply (£1.25) (Richards & Appleby Ltd, 2A St George Street, Hanover Square, London W1).

### Dextrose energy tablets

Inform fruit-flavoured dextrose tablets, said to be a new type of energy tablet made from grape sugar, are now available from the sole UK distributors, Cernelle & Ritter Ltd. The tablets (£0.10) are available in four different natural fruit flavours plus peppermint and cocoa flavours. Counter display boxes containing 30 retail packs are offered. (Cernelle and Ritter Ltd, Scandia House, Whitmore Road, Guildford, Surrey).

### Sundries

#### Waymaster scales

A new range of Waymaster scales is now available, consisting of two models, P220D (£5.43) and T220D (£4.83), both available with either candlewick or towel-rolling covers in a range of colours. The scales, finished in white with black PVC and said to function equally well on smooth or carpeted floors, are guaranteed for five years (see picture opposite) (Precision Engineering Co (Reading) Ltd, Meadow Road, Reading, Berks).

#### Tiger Tights

A recently-formed company, Damon Sales, have introduced a range of women's hosiery, which consists mainly of tights, and is marketed under the brand name Tiger.

The tights are available in one size, sheer, run-resist (£0.30) in ten shades and to fit up to 42in hip, with an extra large (£0.40) for up to 52in hip in two shades; one size sheer micromesh (£0.23) in nine shades and net (£0.55) in a variety of patterns and either in black or white. In addition, there is a choice of four colours of printed briefs (£0.30) knee high nylon pop sox (£0.18) in nine colours and one size micromesh stockings (£0.20) in two shades.

The company aims to give pharmacists high profits and good personal service with deliveries by return, while the major selling point of the run resist tights is said to be that the centre gusset seam is prevented from splitting by  $\frac{1}{2}$ in wide reinforcement which runs either side. The products are presented in cardboard folder form, a different colour for each, and can be displayed on a revolving floor stand to be given away free to all stockists. This is finished in white anti-static nylon coating to prevent dust collecting (Damon Sales (Hosiery) Ltd, 71 Foxleys, Carpenders Park, Watford, Herts WD1 5BE).

## PROMOTIONS

### Tabac for Fathers' Day

Tabac Original shaving products are to be boosted for Fathers' Day on June 18 with a merchandising counter unit containing aftershave, pre-shave and shaving products.

This includes a showcard incorporating a photograph of Peter Wyngarde, which can be removed, leaving the unit intact for further use after June 18. As a trade incentive  $7\frac{1}{2}$  per cent discount on a mixed parcel of the products is available for the next six weeks (Eyelure Ltd, Grange Industrial Estate, Llanfrehfa Way, Cwmbran, Mons).

### Lentheric Morny in Birkenhead

A series of fortnightly in-store promotions are being run by Lentheric Morny at branches of the Birkenhead and District Co-operative Chemists.

Beginning this week, customers of the Wallasey outlet who buy a minimum of £1.25 worth of Lentheric products are given a 50cc Tweed light refresher free, while purchasers of £0.95 worth or more of Morny products receive a travel wallet filled with French Fern toiletries. This pack consists of a mini-talc, 25cc bath foam, two bath salt tablets and a miniature tablet of soap.

Identical offers are to be made at the Birkenhead, Chester and Heswall (Grange Road, Birkenhead) branches of the multiple from April 24 (Lentheric Morny Ltd, 17 Old Bond Street, London W1X 4AY).

### Harmony with protein

Elida Gibbs' latest advertising campaign for Harmony hair colourants breaks this month, featuring the recently added natural protein. The campaign, scheduled to run until the end of the year, covers magazines including *Woman*, *Loving*, *Petticoat*, *Honey*, *She*, *My Weekly*, *19* and *Family Circle* (Elida Gibbs Ltd, PO Box IDY, Portman Square, London W1).

### Young mothers

Dextrosol is now being promoted as an energy supplement for young mothers who are said to need an extra 500 calories a day if fatigue is to be avoided during breast feeding.

A leaflet describing the product's benefits and samples of the tablets are now included in Bounty gift parcels, which mothers receive free of charge in maternity hospitals and are said to cover about 62 per cent of live births nationally. Samples are, however, being limited to London (natural flavoured) and the South East (orange flavour) at the moment, while the leaflet says that further supplies may be obtained from retail pharmacies.

Dextrosol is also being advertised in "Babytime", the newspaper sponsored by Gerber Baby Foods and included in similar parcels distributed by Giftpax (CPC (United Kingdom) Ltd, Brown and Polson division, Claygate House, Esher, Surrey).



### Glucodin display material

Now available from Glaxo are new display items for Glucodin, which reinforce the pack flash "boosts energy" and draw attention to the value of the product for children. These include crowners showing a girl on a tricycle, a hanging screamer, and a footer with a boy on a tractor (Glaxo Laboratories Ltd, Greenford, Middx).

### Macleans colour commercials

Beecham are spending  $\frac{1}{2}$  million on television advertising for Macleans Freshmint this year, which, along with a £200,000 press campaign for White Fluoride, is said to represent the largest budget of any single toothpaste brand. Although the "whiteness" theme is to be retained, following research which is claimed to have shown complete acceptance, the message is summarised into "lightening whitening" (Beecham toiletries division, Beecham House, Brentford, Middlesex).

### Consumer Offer

□ Jacquelle pink-handled styling brush (value £0.39) with each large size bottle of Living Hair Protei-Set (£0.55), for as long as stocks last. (Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland).

## ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

**Astral:** Ln, M

**Close Up:** All except E

**Dry Action Shield:** All except E

**Elastoplast:** All except U, E, CI

**Erasmic:** Ln, So

**Gillette Techmatic:** All areas

**Harmony shampoo:** All except E

**Milk of Magnesia tablets:** Sc

**Phensic:** All except E, CI

**Protein 21:** All except E

**Signal:** All except NE, E

**Sure:** All except E

**Twice as Lasting:** All except E

**US anti-perspirant:** All except U, E

**Wilkinson Sword razor blades:** All except E

# TRADE NEWS

## New Roussel presentation

Proctosedyl suppositories are now available in a new presentation. Each new pack contains two sealed, tearable plastic strips of 6 suppositories, identified with the product name. In this presentation the suppositories are said to be easier to handle. Prices are unchanged. Roussel Laboratories Ltd, Roussel House, Wembley Park, Middlesex HA9 0NF say that as part of their international packaging policy the revised carton meets the requirements of over 60 markets throughout the world.

## HEB and Christie George takeover

The trade marks, formulae and goodwill of H. E. B. Pharmaceuticals Ltd, River Street, Bolton, have been taken over by J. Waterhouse & Co Ltd, 6 Church Street, Ashton-Under-Lyne (tel 061-330 5667), to which orders and correspondence should be sent.

On the retirement of Mr G. S. Christie MPS of Christie George & Co Ltd, manufacturers of C. G's antiseptic calamine cream, the company and its trade marks, formulae and products have also been purchased by J. Waterhouse & Co Ltd, with effect from March 1. Orders should be sent to Ashton-Under-Lyne.

## Ronson hairdryers

Two further models join the Ronson range of hairdryers—a new colour Rio and a single-heat version of the Escort 2000. The Rio model, R13, in pink with redesigned packs is aimed towards the younger girl. It weighs 16oz and is "small enough to slip into a handbag or overnight case." The ES67 Escort addition (£10.50) has a double-walled hood, shoulder strap and "extra long" flex (Ronson Products Ltd, Randalls Road, Leatherhead, Surrey).

## New Family Doctor booklet

Published this week is the latest title in the British Medical Association's Family Doctor series, "How Your Life Began" (£0.10). It deals in a simple way with the sequence of events between conception and birth, and is written by Dr Roger Pilkington.

Available to members through the National Pharmaceutical Union, 321 Chase Road, London N14 6JN.

## Shield reformulated

Elida Gibbs have announced that they have reformulated Shield anti-perspirant and are launching the product as Dry Action Shield.

Presented in three sizes, 100g (£0.36), 150g (£0.46) and 210g (£0.56), it is claimed to be the first instant-drying anti-perspirant on the British market, through the active ingredient, aluminium chlorhydrate,

being suspended in an instant drying solution, thus causing no staining to clothes (Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1).

## Tiger vacuum products

Tiger vacuum jugs and ice buckets are now being distributed in the UK by Harp Products Ltd, Riverside House, Carnwath Road, London SW6. The range comprises a number of different styles of container, either stainless steel, chromium-plated vinyl coating or with floral designs, and are priced from £3.98 to £7.94.

## Savlon Babycare sachet

Imperial Chemical Industries Ltd, pharmaceuticals division, Alderley Park, Macclesfield, Cheshire have introduced a 12ml sachet of their Savlon Babycare shampoo (£0.6). These are available packed in display outers of 25 and are to be promoted to mothers in Bounty gift boxes.

## Worth spring offers

Worth Perfumes Ltd, Magnolia House, 160 Thames Road, Chiswick, London W4 3RG, have reintroduced their 1½oz Eau de Je Reviens atomiser (£1.17) for the spring, following its "tremendous success last year." In addition a similar atomiser of Monsieur Sports Cologne will be available at the same price and for the same period.

## Large Ironplan pack

Menley & James Laboratories, Welwyn Garden City, Herts, have introduced a large size pack of Ironplan tonic capsules (£1.50). It contains four months supply for one person.

## Antilope atomiser

Parfums Weil, Magnolia House, 160 Thames Road, London W4 3RG, are introducing for the spring a Antilope Eau de Cologne atomiser (£1.13). Called Spray Special, it is presented in a slim powder blue and gold bottle with matching carton.

## New size Fresh 'N Dainty

Gerhardt Pharmaceuticals Ltd, Thornton Laboratories, Purley Way, Croydon CR9 3BE, have introduced a 120g size of their Fresh 'N Dainty intimate deodorant spray (£0.39).

# Bonus offers

The House of Roberts Windsor, Grange Industrial Estate, Llanfrecha Way, Cwmbran, Mons. 6 French Almond shakers talcs free with parcel of 12 French Almond spray mists and 24 French Almond spray Colognes (until May 26).

Radiol Chemicals Ltd, Stepfield, Witham, Essex, offer a discount of 10 per cent on a minimum order of £8 which can be made up from any combination of Aspellin, Aradolene, Radian or Radiol products. There is also a further parcel on which 10 per cent is given. The qualifying amount is £12 and is for a minimum of six bottles of Biovital, the rest of the order being made up from Aspellin, Aradolene, Radian or Radiol products.

# Photographic

## At the top of the sensors

Agfa-Gavaert have now released the top models of the sensor range of cameras: the Agfa Selectronic Sensor (£67.69) and Selectronic S Sensor (£81.07).

The cameras are provided with a newly-designed bladed slit shutter, which is electronically controlled over a range between 15 seconds and 1/500 second at apertures between f/2.8 and f/22. The selective automatic control allows the user to adapt the shutter speed and aperture to the prevailing conditions.



The metering system copes with a film speed range of between 25 and 400 ASA. This data and the focus setting are indicated simultaneously in the brightline viewfinder. The Selectronic is provided with an Agfacolor Apotar lens, while the Selectronic S (illustrated) has the four-element Color Solinar lens with coupled rangefinder available from Agfa-Gavaert Ltd, Great West Road, Brentford, Middx).

## Kodacolor Twenty-One colour prints

Amateur photographers are being offered the choice of Kodacolor colour prints made from their 126 or 135 (full frame) Kodacolor films. As an alternative to the glossy Kodacolor prints with the familiar white borders, Kodak is introducing Kodacolor Twenty-One colour prints. These are borderless prints made on a fine silk finish paper using the whole of the 3½ × 3½ in or 3½ × 5 in paper area. This means that the actual picture area is increased by around 25 per cent for the square format and 21 per cent for the rectangular format. Hence the name.

The suggested retail price for Kodacolor Twenty-One colour prints size 3½ in square or 3½ × 5 in, is £0.13 per print when ordered at the same time as the film is processed, and £0.16 for re-orders.

Kodak customers in the North and West who visit the company's new sales offices in Manchester and Bristol will now be given a facility long enjoyed by customers to the Kodak premises in London. For many years, photographic displays, large and small, by a wide range of photographers have been a feature of the Kodak London showroom and similar displays are now planned as a regular feature in the reception areas of the two Kodak sales offices at Dallimore Road, Wythenshawe, Manchester and Priory House, Marlborough Street, Bristol.



## MERCHANDISING SUPPLEMENT

This supplement has been prepared for *Chemist & Druggist* by Richard Hudnut Ltd, and is designed to give an outline of some of the important chemist markets which account for a significant proportion of the chemists' profit. Although faced with heavy competitive pressure in many fields, the function of the chemist, as a stockist of a wide range of pharmaceutical and toiletry items and as adviser to his customers, is of vital importance in terms of consumer confidence and convenience. This is particularly important in some of the well-established markets such as hair-care, and in some of the fast expanding markets like feminine deodorants where the chemists' know-how helps to inspire confidence in products.

In this supplement, therefore, Richard Hudnut have chosen to discuss a number of product categories in which the chemists' rôle is a key one, and in which Richard Hudnut are major suppliers.

## Who are Richard Hudnut?

Richard Hudnut Ltd are part of the worldwide Warner-Lambert group of companies based in the United States and with total sales in excess of \$1,345 million a year, being the fifth largest advertiser in the USA in 1971.

Richard Hudnut was first established in the UK in 1932, and has long been closely associated with the chemist through the ranges of Fashion Style home perms and Poly hair cosmetics. This relationship has been strengthened further over the past few years through the introduction of brands which are becoming major national chemist lines: Efferdent denture cleanser, Bidex feminine hygiene deodorant and, most recently, the range of Schick wet shave products.

Efferdent is already firmly established as a major brand in the denture cleanser market and Bidex is the fastest growing product in the fastest growing toiletries market in the UK. The Schick wet shaving system represents a major growth

opportunity in the rapidly expanding single-edged shaving market.

These exciting products, together with the traditional Hudnut dominance in the hair colourant market with Poly and the home perm market with Fashion Style, provide a sound basis for profitable co-operation between Richard Hudnut and the chemist for the future.

This supplement, which provides the chemist with the most up-to-date facts and figures on these major markets, is designed to help the chemist gain the maximum profit through stocking and displaying Hudnut lines.

## Bidex—bigger and bigger in a booming market



The intimate deodorant market is the fastest growing sector of the Health & Beauty Aids Market and, as such, is attracting ever-increasing attention from consumers, manufacturers and trade alike.

The market, created by the almost simultaneous introduction of Bidex and a competitive brand grew to an estimated value of £1 million RSP by 1968. This growth has tripled to the present day value of £3 million RSP, and is forecast to continue at a minimum rate of 20 per cent per annum.

The certainty with which this forecast can be made is found in the level of women using intimate deodorants. Latest research figures indicate that, at present, only one woman in five uses an intimate deodorant regularly, against a figure of nearly four out of five women using an underarm deodorant. Richard Hudnut confidently expect usage levels of intimate deodorants to rise to the same level as underarm deodorants. It is this confidence that leads them to regard Bidex as one of their major growth brands.

Bidex, at present a strong No. 2 brand, the fastest growing in the overall market, and the unassailable brand in the quality sector, has experienced dramatic growth from 1970 onwards, a period which coincides with Richard Hudnut's recognition of the vast potential of the intimate deodorant market and their decision to put substantial sums of money behind the brand, consistently out-spending competition with heavyweight advertising.

## Bidex re-launched

High investment in the brand is being continued in 1972 with marketing expenditure of over £100,000. Allied to such heavy support is a programme of development and expansion designed to meet increasingly varied consumer needs. In mid-1971, Bidex was revitalised by the introduction of total new look packaging and the launch of two new fragrances, "Fraîche" and "Délicate", to supplement the existing "Naturelle" fragrance. The various parts of the range were positioned as: Spray Mist (90 per cent of sales) as an everyday toilet product, Cleansing Tissues as a convenience handbag item, and Spray Talc as a luxurious talc version of the Spray Mist.

March 1972 saw the entry of Bidex into the large size sector of the market, a sector which now accounts for 50 per cent of all purchases, with an economy version which offers the consumer the biggest value and a 36 per cent economy saving.

## Support

Over £60,000 of media support has been planned for Bidex in 1972 presenting the product as the "quality brand" in a campaign reaching over 80 per cent of all women nine times during the year.

A major research programme revealed that a large percentage of non-users were just hesitating on the brink of entering the intimate deodorant market, but were concerned with fears of stinging, irritation and discomfort. Bidex has created a campaign aimed at such women to be run in full-colour, full-page ads from March until the end of the year, re-assuring women on these very points, with the promise of Bidex as "The Soft Spray" resulting in "Soft Care for Sensitive Skin".



This campaign will run in such magazines as *Woman's Own*, *Vogue*, *Nova*, *She*, *Cosmopolitan*, *Honey*, *19*, *Petticoat*, *True Story* and *True Romances*.

The promise of the advertising campaign is supported by a wide range of point-of-sale material; display shippers, showcards, price markers and shelf talkers.

Chemists—who have more than 80 per cent of intimate deodorant sales—have contributed enormously to the development of the intimate deodorant market, and even now are being approached by an ever increasing number of companies anxious to profit by this development.

Only a programme of rationalised ordering concentrating on the major brands will provide chemists with the profit opportunities that established brands provide. Bidex is just such a brand.

Advertiser's announcement



## Poly Hair Cosmetics

- A MAJOR HAIR CARE HOUSE
- A MAJOR ADVERTISER
- MOST PRODUCTS ARE "CHEMIST ONLY"
- PRODUCTS AFFORDING HIGH RETAIL MARGINS

## Hair colourants

It is in the area of hair colouring that Poly is predominant. The nature of this market, with the requirements of both a specialised sales service and a poisons licence, affords the chemist a built-in advantage relative to other retail outlets.

### The market

The hair colourant and lightener market has, in recent years, shown a steady sterling growth to the present level of £10,250,000 at retail selling prices, although in unit terms the market has reached a plateau.

The sterling growth may be attributed to price increases and to trading up in the market towards the premium priced shampoo-in permanent brands.

Because of its specialist nature and the need for personal advice and recommendation, the market has remained, and will remain, predominantly in the hands of the pharmacist, and consequently colourant products will continue to account for a major proportion of total turnover in the chemist trade.

### Positioning of Poly Products in the market

The ratio of advertising to sales is generally high in this market, and Poly products are consistently represented with a high level of advertising and promotional expenditure (in excess of £300,000 will be spent during 1972).

It is as a result of such consistently high levels of support that Poly colourants

have maintained a dominant 15 per cent market share across the five House brands, namely, Polycolor, Polytint, PolyLady, Polyblonde and Polyfair in what is a highly fragmented market.

All major colourant houses have more than one brand in the market place, since fragmentation has proved to be necessary in order to meet the type of end result required by the customer. Table I shows the main consumer's requirements and indicates the areas in which Poly is represented.

TABLE I

COLOUR CHANGE SOUGHT	PERMANENT	NON-PERMANENT
Cover Grey	Polytint	
Enhance Natural Colour		Polycolor
Noticeable Change	PolyLady	Polycolor
Mild Lightening	Polyfair	
Lightening	Polyblonde	

Manufacturers tend to segment the market rather differently, categorising products by functional characteristics into permanents, semi-permanents, temporaries and lighteners.

The permanent colourant segment has expanded consistently over the last few years, and by 1970 accounted for over 50 per cent of the total market by value, as Table II shows.

TABLE II

Product Type	% Market Share
Semi-Permanent	22.1
Permanent	50.8
Temporary	7.3
Bleaches	19.8
	100.0

### A continuing success story

The success of Poly colourants is a result of more than just advertising. The expertly formulated products are themselves subject

to very stringent quality control procedures. They are available in ranges of shades, carefully selected and controlled to give adequate consumer choice while ensuring rapid movement off the shelf.

The total House share has been increasing consistently since mid-1971, primarily as a result of the successful launch of PolyLady which was backed by one of the biggest advertising campaigns the market has ever seen. After just nine months in the market place, PolyLady has established itself as a forceful contender in the shampoo-in permanent market sector. This rapid development of a loyal consumer franchise augurs well for the future of the brand.

## Non-colourants

Outside the colourant market, Poly is represented in most major hair care areas.

### Polyherb—the original herbal shampoo

Launched in 1967, Poly was the innovator of the herbal shampoo and Polyherb rapidly gained a significant market share through chemist outlets. This success led to a proliferation of herbal shampoos, but Polyherb is still the only herbal shampoo to offer a range for different hair types and, in its distinctive and eminently promotable pack, continues to sell well in a market where the pharmacist has a 42 per cent sterling share.

### Polyset—heavily supported

The market for setting lotions is one of the most buoyant worth £2½ million per annum at RSP, with an annual sterling growth rate of 18 per cent.

Polyset's market share has improved in successive years, and as the total market continues to expand rapidly Polyset will continue to innovate and advertise to improve upon its current 15 per cent market share.

The strength of Polyset lies in its product performance, and in the extensive marketing support which the brand receives. The discerning consumer increasingly looks for specialised forms of setting lotions; the market is, in short, becoming more specialist and, as such, this should be to the advantage of the pharmacist, since competitive outlets are generally unable, or unwilling, to deal in lines requiring an element of service.

### Poly Cream Rinse

Poly Cream Rinse was launched in January this year into probably the fastest growing hair care market. Worth £1.5 million at RSP in 1971, the cream rinse market continues to forge ahead at the rate of 25 per cent per annum.

Following a rapid sales growth, and supported by an unprecedented sampling operation, Poly Cream Rinse is in a strong position to snatch brand leadership of this market sector during the course of 1972.

## The home perm market: A major upturn

The market for home perms in the UK reached its peak in the early 1960s with the impetus of the fashion trends and hair styles of the time. During the middle and late 1960s, a radical change in women's hairstyles—to the long straight look—together with increasing affluence and more visits to the hairdressers, led to a decline of this chemist dominated market, a decline which continued slowly until 1971. During last year, however, evidence from independent market research and from Richard Hudnut's own ex-factory sales data, showed a sudden and significant upturn in the market which has been sustained and even increased in 1972.

There is no doubt whatsoever that this market resurgence is now established as a major trend in the hair care business. The reasons for this upturn are twofold:—

- (1) Inflation, rising prices and unemployment which have led many women to seek a less expensive alternative to regular visits to the hairdresser.
- (2) A change away from the straight styles of the 1960s to softer, curlier styles in line with 1970s fashion.

Such is the impetus of this resurgence of the home perm market that sales of Richard Hudnut's Fashion Style in the first quarter of 1972 have been running at 16 per cent above the same period in 1971.

## How the chemist stands to gain

The retail pharmacist stands to gain most from this market upturn because more than 85 per cent of all purchases of home perm products are made through chemist outlets. Richard Hudnut believes that the increasing home perm business in 1972 will come from three sources:—

- (1) Current "loyal" users—those women who have maintained their perm usage and who remain regular purchasers of the product.



- (2) "Lapsed" users—those who have used the products before but who, conscious of today's soft and curly styles, are returning to home perms as an inexpensive and convenient method of obtaining a new hair look.
- (3) New users—younger women entering the market for the first time.

It is worth noting that for home perms, as for all matters of hair care, the new users will usually go to the chemist for advice before choosing their brand.

## A leading brand

Richard Hudnut's Fashion Style is a major brand in the market with some 25 per cent of all home perm sales through chemists during 1971. With its distinctive packaging, Fashion Style is taking its full share of the revived market for home perms so that sales are running at levels unequalled since the mid-1960s.

## Heavily promoted

With this in mind, Richard Hudnut are promoting Fashion Style heavily both to the trade and to the consumer during 1972. Generous trade discounts give the chemist the best possible prices at the most important times of the year—in time for the pre-holiday and pre-Christmas purchasing peaks—and consumer promotions will give Fashion Style sales added impact at these times. Offers like the completely free pack of Hudnut Cream of Cactus Moisturising Lotion are now being made available to the purchaser in return for proof of purchase of one pack—any size—of Fashion Style.

Richard Hudnut recognise the importance of this market to the chemist and the importance of Fashion Style within the market. With the return to soft, curlier styles, and with inflation continuing, the future looks very bright indeed for home perms.

## Schick

In April 1970, Warner-Lambert bought the Schick wet-shave division of Eversharp in the USA, and subsequently in January 1972, Richard Hudnut Ltd assumed the responsibility for marketing Schick wet-shaving products in Britain.

The wet-shaving field is going through a period of new development. Today, shaving systems are being marketed successfully that are a complete departure from the conventional shaving instruments which dominated the preceding half-century. In general, the newer systems offer superior shaving advantages because they present the shaving edge to the beard at the optimum angle for efficient, close removal of the beard, and they are balanced for light and easy handling. These features give them significant advantages over conventional razors and blades. Men have been prepared to pay for these advantages and we have seen a revolution in male spending habits on wet-shaving, so that today, these products are probably used by as many as 20 per cent of wet shavers.



## The Schick Injector shaving system

Schick were the originators of the correctly-angled shaving system and in appearance a modern Schick Injector Razor is clearly identifiable with the most modern trends in wet-shaving. The Schick Injector system provides a precision-engineered and finely-balanced razor, set to the correct shaving angle. The shaving edge is made from stainless steel, and held firmly in place so that nothing can alter its relationship to the skin.

## Healthy growth rate

Over the past five years, sales of Schick Injector blades have increased at a rate of between 25 per cent and 30 per cent in spite of low expenditure and a market situation where the total number of blades sold actually declined by about 5 per cent per year. This growth indicated an encouraging level of conversion of new users and continued brand loyalty. The recognition by other manufacturers of the advantages of angled systems together with the very heavy expenditures on new systems has presented Schick with a major growth opportunity.

## Value for money

The Schick Injector system is not expensive and offers the best value for money of any shaving system on the market. The price reflects the superiority of the system over conventional safety razors and blades, but at £0.64 for the razor and £0.26½ for 5 blades it is very competitive with comparable new systems (which retail at over £1 for the razors and over £0.30 for the cartridges).

## Opportunities for other blade business

The healthy growth of the Schick Injector system, which is as good as any shaving system yet produced, gives Richard Hudnut the ability to compete with conventional double-edged razor blades in what is the largest sector of the wet-shaving market.

Advertiser's announcement

Probably 80 per cent of wet-shavers use a double-edged blade in a conventional safety razor, and 90 per cent of these men use a stainless steel blade. Schick manufacture a stainless blade to retail at £0.18½ for five; which in quality and consistency is comparable with any razor blade on the market today and on price is significantly better value for money.

## The chemist – a prime source of sales for new systems

Schick recognise that the fundamental need is to sell razors if the Schick system is to take a worthwhile share of the market. The chemist is a prime source of razor sales, because buying a razor is, in most cases, a considered purchase. (Incidentally, women are nearly as important as men in making razor purchases as gifts or replacements.) Recent years' experience has shown us all that the old theory that men rarely changed their razor in a lifetime is, like many other similar theories, rapidly ceasing to be true.

## Schick will be supported

Many more people than ever before will have heard of Schick before the year is out—it will be receiving a greater amount of financial support than ever before in the years of its existence in Britain. Furthermore, the razor kit has been re-packaged in an attractive green and white high-quality box.

Advertising for the Schick system will be in large sizes in newspapers and magazines from mid-April through the summer, and again in the pre-Christmas period.

## HOW TO SPEED WITHOUT GETTING NICKED.



There's nothing more refreshing and bracing in the morning than a good old shave. But a good shave is a luxury it can't be had unless you have a Schick razor. You usually wind up, using your own razor. That's the way with most razors. But the old rule is a threat to your life. But it's certainly a threat to your cool.

It's time to be bold up. And having to make a choice between your breakfast and the 'S' is no longer a problem. So we've designed a new razor that won't only shave you, but also save you time.

We gave it a single edge. Teflon coated blades. Made in Sweden from stainless steel and shaven thousands of times in the laboratory and way rapid, while also giving an exceptionally close shave, cutting edge. And they're clean, without any foam or soap. It's a unique injector loading system. We called the system 'S'.

And made the blade in a safe, strong, in a strong, round the angle of your face in a strong. The shaving head is made out of chromium plated steel. Strong made, and durable. Precision engineered to clamp the blade firmly in place and to ensure perfect results. No silt, no mess.

Who gets you an adjustable head when you've got one of our razors.

We gave it a safe, protective guard and a built-in and a milled edge at the bottom to match the skin.

And finally, the light, flush, but strong grip makes handling so easy. Take it for a test run. No other shaving system in the world offers you all these advantages. It's a result you can now have a much faster shave, without any foam or soap.

It won't even take a chunk out of your pocket.

**You can't live without 'S'.**

**THE SCHICK INJECTOR SHAVING SYSTEM.**  
The fastest safest closest shave in town. Or your money back.

Schick is sufficiently confident to back its promise of fast, safe shaving with a full unconditional money-back guarantee, printed on the instruction leaflet with the razor kit.

## Denture cleansers — A major market opportunity

- TABLET BRANDS TAKE OVER
- MAJOR OPPORTUNITIES FOR MARKET EXPANSION
- HEAVYWEIGHT TV ADVERTISING
- OPPORTUNITY FOR CHEMISTS TO GAIN LARGE INCREASES IN MARKET SHARE

One half of all adults in the UK wear either part or whole dentures. 39 per cent of the adult population have no natural teeth at all.

These two surprising facts mean that one out of every two adult customers visiting a chemist shop is a potential purchaser of a denture cleanser and the chances are that every woman visiting a chemist will have someone in her family who wears dentures.

In addition to this fact an average of over 1 million people have dentures fitted for the first time every year so the growth potential for this market is enormous.

in chemists' in the past two years, and now has 11 per cent of the chemist market.



## Chemists can increase market share

Traditionally a chemist market, it would seem that much of the denture cleanser market potential is being lost to competition from other outlets. The basic reasons for this is lack of display and promotion for the major brands compared with other outlets.

Promoting and displaying the standard, large and economy sizes of Efferdent will help the chemist win back the rightful share of the profitable denture cleanser market for the chemist. In many cases where this has been done, Efferdent has obtained more than 20 per cent of total sales of denture cleansers.

## Higher TV spending

Efferdent is the tablet denture cleanser which advertises antiseptic action. This is because Efferdent contains two powerful antiseptic ingredients which not only get rid of stains but also deodorise dentures and kill germs, leaving dentures looking and tasting cleaner and fresher.

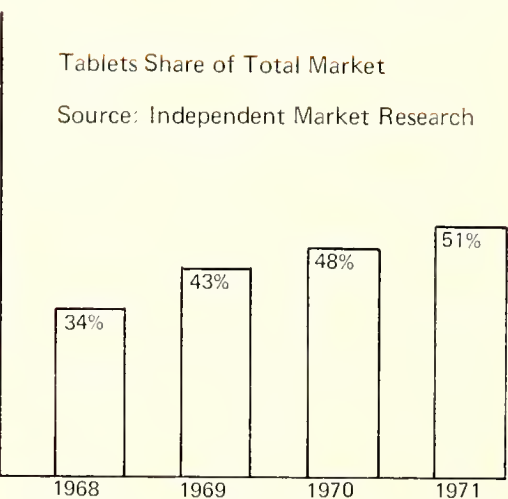


Two new TV commercials—for Efferdent, to advertise its "proven antiseptic formula"

Current denture cleanser TV advertising features tablets almost exclusively and Efferdent is doubling last year's expenditure level in 1972.

So the key to more profit in the denture cleansing market is "back the brands that are being backed themselves".

## Market takeover by the tablet brands



One of the most significant features of the denture cleanser market has been a major growth in the past few years of tablet denture cleansers which offer convenience with an effective, modern, scientific cleansing method. Much time and effort goes into matching the colour and shape of dentures to make them look like natural teeth, and brushing may scratch the surface of the denture, thus possibly harming the colour match and even the denture itself.

## Tablets ideal

Tablets are the ideal way to clean dentures and more and more customers are moving over to tablets. Latest consumer research results show that tablets now account for over 50 per cent of the market compared with 34 per cent in 1968.

Efferdent was the first brand in the UK with a unique blue colour timer, which shows when dentures are clean.

Since the brand was introduced in the UK it has grown rapidly, doubling its share

# COMMENT

## Prescription legibility

All general and hospital practice pharmacists will be pleased to learn that action has been taken by the British Medical Association as a result of a Branch representatives' resolution on the subject of doctors' prescription writing (p 575). Whether the action will bear fruit remains to be seen.

The resolution was perhaps conservative in asking that the legal provisions relating to the writing of prescriptions and the need to ensure that prescriptions are written legibly" should be drawn to the attention of "lecturers in medical schools and others". In the event, the BMA's letter advocating improvement—and appending examples of actual prescriptions—has been sent to medical schools and to other bodies in medicine. If the letter has some effect, it would therefore still be a generation before the pharmacist notices any difference.

But how much effect can the letter have? Professor Girdwood recently said that the medical student's time is so fully occupied that intravenous additives might be covered "in a sentence"—under such circumstances it would seem almost reasonable to forgive the medical lecturer if prescription legibility were dismissed "in a word".

There is no doubt that this is where the importance of the pharmacist's role in medical education is seen to be important. Not only has the pharmacist a different set of values from the doctor in relation to prescriptions, but he may be in a better position to explain that only if the prescriber makes his intentions clear can he rely on the therapy he has chosen. It is good to see the BMA advising that the pharmacist should be so involved in medical teaching.

There remains the problem of the doctor now in practice, and we would suggest that the BMA might be encouraged to spread its gospel to them. Our experience is that the "untidy" prescriber is rarely offended by having the error—and danger—of his ways pointed out to him. Indeed, examples from the *C&D's* own "Prescription Poser" series have on a number of occasions been reproduced in periodicals compiled by and for general medical

practitioners, and they have also been shown at medical meetings. The reaction is often one of disbelief that such illegible prescriptions could be written (plus, we feel sure, a mental note to ensure a better personal standard).

Meanwhile, we may take comfort from the text of the BMA's letter, for it shows a more sympathetic understanding of the pharmacists' problems than sometimes in the past.

## Learning about R&D

Talking shop is a compulsive pastime among enthusiastic experts. That therefore will ensure a definite, if limited readership for the latest publication, "Organising R&D", prepared by the National Economic and Development Office on behalf of the pharmaceutical working party of the Economic Development Committee (little Neddy) for the Chemical Industry (see p 554).

It reviews the research and development structures of seven pharmaceutical companies in the UK—Beecham, CIBA laboratories, ICI pharmaceuticals division, Eli Lilly, Pfizer, Smith & Nephew and the Wellcome Foundation. Those companies undoubtedly represent the elite in this field and their staffs will carefully dissect the information in the report.

Whether any others will glean any helpful information is less easy to forecast, for there is no indication of "an ideal" organisational structure. The authors merely hope the study will provide companies "with food for thought".

There is a recognition of the fact that because of the pharmaceutical companies' dependence upon successful research, it is important to provide a pattern of organisation which will help to stimulate the individual and foster the flow of ideas. In industry, there is always a need for a commercial end-product, and that is the requirement to be borne in mind when assessing the various structures enumerated in the report. The cynical might say it should be read alongside the appropriate balance sheets.

R&D is most successful when reinforced by what is best termed "flair", and the most successful organisations are those which allow "flair" to blossom, whether at the research bench or in other aspects of their structure.

## FILMS

**Road to Recovery.** Millbank Films Ltd. 16mm. Colour. Running time 26 minutes. "Road to Recovery" is not an educational film as such, but a prestige film describing the efforts being made by one pharmaceutical company to help cure sickness and disease in many parts of the world.

The film opens in a remote hilltop village in Sicily, where a farmer has collapsed with a heart attack. The local doctor comes to his aid with a "highly sophisticated" drug.

The film tells the story of pharma-

ceuticals, their discovery, the years of research and testing behind them, and the way they are made available worldwide. In Great Britain and Holland, in France, Italy, Australia and the USA, it shows many aspects of research into medical and veterinary compounds and their use in man and animals.

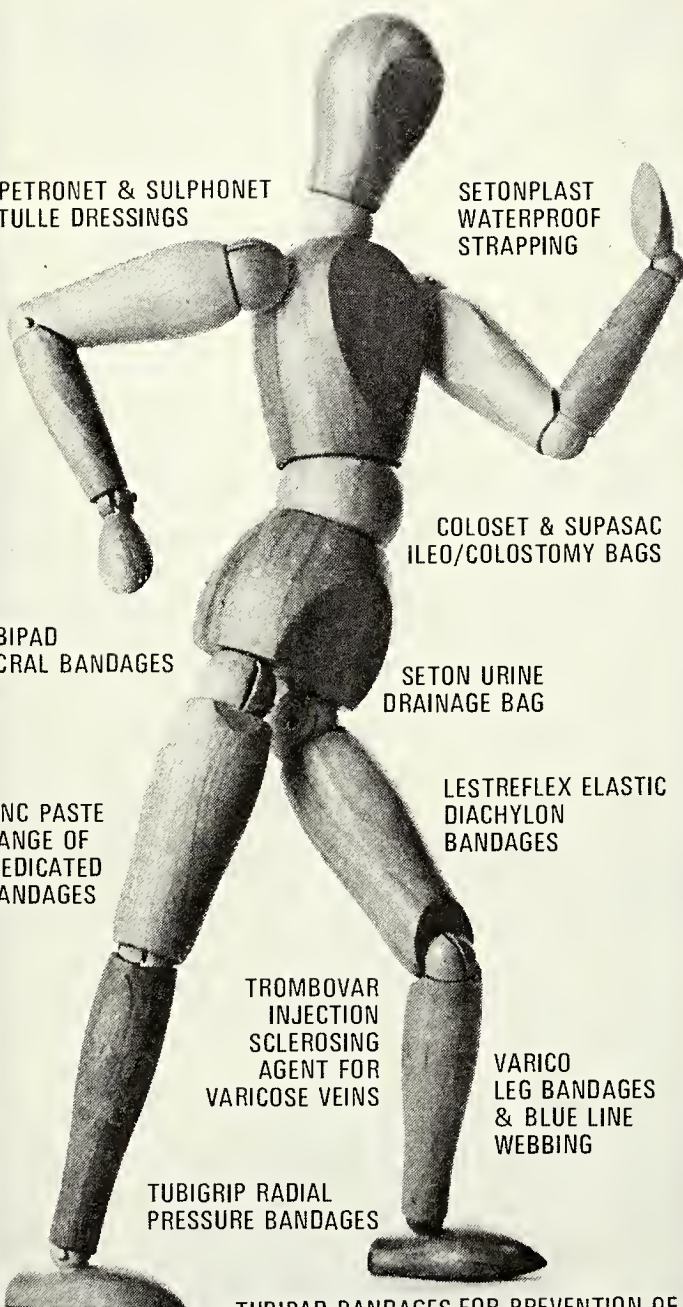
Copies of the 26-minute film are available on free loan from the ICI Film Library, Thames House North, Millbank, London SW1.

## SPORT

**Edinburgh Chemists Golf Club:** Winner of the Eli Lilly prize at the Gullane No. 1

outing was W. Watson (23) 71. Other results: Best scratch, J. H. H. Groat 77; no. 1 section, A. E. Graham (9) 71; no. 2 section, I. Anderson (18) 78.

**Irish Chemists' Golfing Society:** Competed at Baltray on April 12 the winners of class 1 were: Noel Maher (12) 38 first; John Sleator (8) 34 second; and J. A. Pattison (11) 33 third. Class 2: Sean Conway (19) 37; Jim Hegarty (16) 33; A. B. Hensley (15) 31. First nine: Brian Waters. Second nine: Des. McHale. The prizes were presented by Burroughs Wellcome and Co. More than 40 players turned out for the opening outing at Dun Laoghaire on March 22 for prizes presented by May Roberts (Ireland) Ltd. Results: Class 1, R. Tierney (10) 37; John Burke (12) 35; V. Cronin (15) 34. Class 2, J. Hegarty (18) 37; J. Cullen (18) 35; J. T. Foley (17) 33. First nine, John Kennedy. Second nine, B. Cullen.



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# THE COST OF KEEPING REGULAR

## A look at the £9m. laxative market

by Dr A. F. Deeson MA PhD DSc

It is estimated that the retail value of the laxative market is around £9 million a year if Andrews, Eno's and other health salts, which are only sometimes used as laxatives, are included.

This is divided roughly 50-50 between "ethical" and proprietary medicines—but if health salts are excluded, the total market is probably reduced by about £2 million and proprietaries fall away to around £2.5-3 million.

Pharmacists of course hold virtually the whole of the ethical market and at least 70 per cent (some manufacturers and *Retail Business* put it at 80-85 per cent) of the remainder.

Another feature of this market is that it is fragmented: Martindale's Extra Pharmacopoeia lists 68 counter products, whereas only nine or ten of these are nationally advertised. *Retail Business* indicates that of the 68 counter products, only 18 are sold in outlets other than chemists.

Finally, it is doubtful if laxatives are a growth market in terms of units sold, although the increasing stresses of modern life, coupled with a lack of natural roughage in many diets these days, would seem to indicate that there will certainly be no falling away in demand in the foreseeable future.

If anything, it is the prescription side of the business that seems to be growing, which is perhaps surprising because occasional constipation is not usually considered a serious problem. Nevertheless, people take their bowels seriously and it is interesting to note that *Retail Business* found that whereas 99 per cent of doctors interviewed suggested that coughs, colds and sore throats are suitable for self-medication only 20 per cent suggested that constipation should be treated with over-the-counter remedies.

To put laxatives in their proper context in relation to other household remedies it is interesting to note that in a sample of South Londoners, taken over a fortnight, only nine per cent used "laxatives and purgatives"—against 38 per cent who used analgesics. Of this nine per cent, 69 per cent bought over-the-counter remedies.

### Types

Laxatives available may be divided into three broad groups: suppliers of bulk; lubricants; and irritants or, more accurately, stimulants.

In the first category there are bulk-providing cereals (not included in this survey) and other products which hold water in the gut, thus promoting bowel action. Some of these are based on a

natural product, sterculia. Others make use of saline products such as magnesium sulphate and sodium sulphate. Methyl cellulose is also sometimes used because it swells in the stomach.

The most common lubricant type of laxative is liquid paraffin emulsion. Once a favourite subject for prescriptions, the use is slowly declining perhaps because doctors are aware that paraffin reduces the gut's absorption of certain vitamins.

The best-selling over-the-counter laxatives today are the stimulants. Senna is the traditional remedy in this group. Phenolphthalein is also used and was the subject of a kidney damage scare some years ago. Ex-Lax, which has eight per cent phenolphthalein has, however, carried out extensive research to dispose of this theory and has been unable to establish any toxicity rating for this drug.

### Products

Turning to some of the manufacturers in this field, Reckitt & Colman have Senokot, a standardised preparation of senna; Brooklax, a chocolate based laxative; and Bonomint, a chewing gum. Senokot is believed to be more often medically prescribed than any other branded product in the stimulant area.

Beecham's Pills (Beecham's Products) is a very well-established laxative, based on aloes and is a brand leader. About 60 per cent of sales are through pharmacies and Beecham's claim 20 per cent of sales in their particular product category and five per cent of the laxative market overall.

Sales are particularly strong in the North, especially to the C2 DE socio-economic groups and young people. Beecham's Pills are advertised to the extent of £50,000 per year (a new campaign is just breaking) and counter display units and showcards are available to retailers.

The other famous "pill" laxative is Carter's Liver Pills (Carter Wallace Ltd). Similar in formulation to Beecham's and with 3-4 per cent of the total market, Carter Wallace spend around £50,000 a year promoting their product and like Beecham's Pills find they sell best in the North. Point of sale material is available and there is a scheme of trade bonusing.

Bile Beans (Fisons) is another firmly-established product distributed widely through most outlets, although not advertised and supported only by showcards. Again, it sells most widely in the North of England. Nylax Pills, although having only a tiny part of the market seem to do comparatively well in some pharmaceutical outlets.

A new chemist-only product, based on senna is Armour Pharmaceuticals Bidrolar,

which has been test marketed and advertised in Ulster and the Newcastle-on-Tyne area. Point of sale material for this syrup is available in the form of counter displays and leaflets. I understand that a decision will be taken later this year as to whether the product is to go national in 1973. In the test areas it has been reported as having done well and is particularly popular with young people.

Very well established in the syrup laxatives is Sterling Health's California Syrup of Figs. Sterling, of course, incorporate Phillips Laboratories and The Scott & Turner Company. Around 75 per cent of the total sales are through pharmaceutical outlets, the remainder to supermarkets and grocers. Sterling claim about 75 per cent of the liquid laxative market for California Syrup of Figs and their other laxative product, Mil-Par, has 25 per cent of the total market.

Mil-Par is a blend of medicinal paraffin and Milk of Magnesia and is thus a lubricant type of laxative, whereas California Syrup of Figs is basically a stimulant. Mil-Par is claimed to be particularly suitable for constipation during pregnancy. According to MEAL, advertising in 1970 amounted to £29,400. Milk of Magnesia is by the same company.

Among the emulsions with only a small portion of the market, Agarol is a favourite recommendation by some chemists.

Petrolagar (John Wyeth & Brother) two formulations are quite widely sold, although not advertised or promoted.

Ex-Lax, which was firmly established in the United Kingdom before the 1939-45 war, is an important brand leader with 89 per cent of total sales going through chemists. Ex-Lax claim five per cent of the total laxative market and 10 per cent in their particular product category. Following heavy advertising when originally establishing the brand, Ex-Lax now regularly spend £25,000 a year in the Press and offer display shelf/counter packs and tumble display units.

Among the tablets Sure Shield Fruit Flavour Laxatives (Thos Guest) are important with 90 per cent of their sales through chemists. The manufacturers indicate their sales are growing. Display outers and show cards are available. Another preparation which has been only locally test marketed so far is Laxara Tablets (Fisons) which is believed to be going national shortly.

### Increasing sales

So much for some of the more important products in the field. While overall laxatives are quite big business and the great preponderance of sales are through pharmacies, it is a difficult market for the individual chemist to expand.

Manufacturers' promotional support is often small and, for many, laxatives are a minor part of their total product range. The only relatively big spenders in this field are Beecham's Pills, Mil-Par, Carter's and Ex-Lax. Nor is the chemist helped by the large number of products available.

However, it is good advice to stock a range across the three main types of laxative available and to regularly show them in one integrated display.

# COMPANY PROFILE

Bayer Pharmaceuticals Ltd

## By any other name . . .

What's in a name?  
That which we call a rose  
By any other name  
Would smell as sweet . . .

The sales and marketing executives of Farbenfabriken Bayer AG in Western Germany and of its British pharmaceutical subsidiary in the UK would profoundly disagree with William Shakespeare's sentiments. The staff do not hide their elation that after many years of being forced to use a somewhat "synthetic" title of FBA Pharmaceuticals, they can now use the Bayer name again and the familiar Bayer cross trade mark.

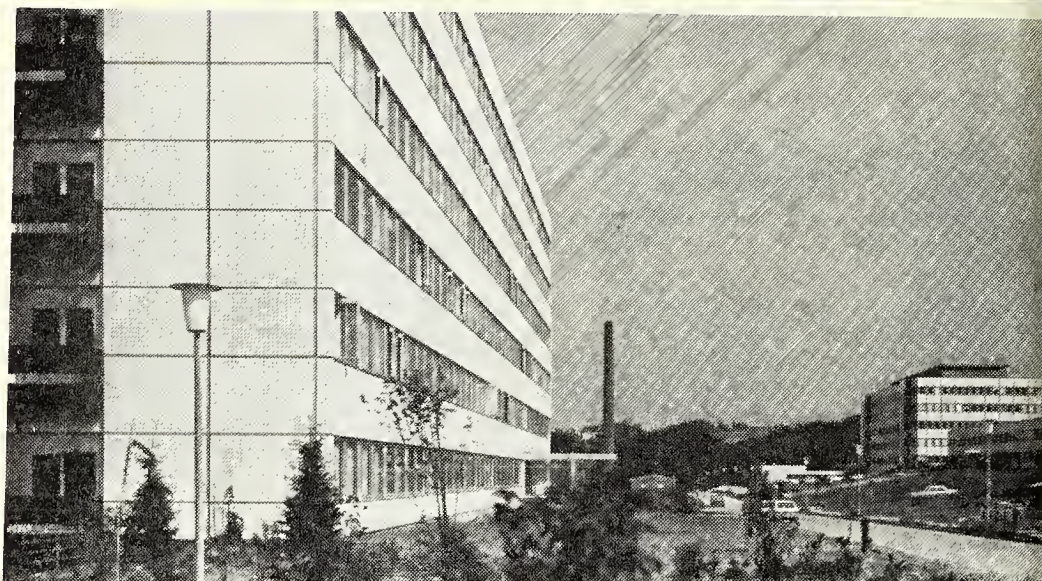
How did it come about that, depending on the country, the same name and trade mark were in use by two different companies? For the answer it is necessary to go back to the 1914-18 war, on the outset of which Bayer's assets, patents and trademarks were confiscated both in the UK and the US and acquired by Sterling-Winthrop. After that war a 50-50 partnership was formed between Bayer Germany and Sterling-Winthrop. On the advent of the 1939-45 war the latter logically acquired the Bayer 50 per cent. Since that date Sterling-Winthrop have continued using the Bayer name and trademark in the UK.

In April 1970, settlement was reached with Sterling-Winthrop which allowed Farbenfabriken Bayer AG to use its original Bayer name and cross trademark in the UK as from this week and from Friday FBA Pharmaceuticals became known as Bayer Pharmaceuticals Ltd.

### Activities in Britain

The company's headquarters are at Haywards Heath, Sussex. The directors are V. Cavendish-Bentinck (chairman), Horst K. D. Wallrabe (managing director), Dr H. Brian Allen (medical director), H. A. Baum and Dr F. J. Geks (both directors of the pharmaceutical division in Bayer Germany), Dr W. Molfenter and D. J. Thomason. The company was founded with a working capital of £40,000 in 1958.

The UK pharmaceutical company is but one of several subsidiaries established in Britain by the German parent. There are companies with the Bayer name dealing in veterinary products and pesticides, in synthetic fibres, in chemicals and in dyestuffs. There is also Haarmann and Reimer Ltd, who specialise in essential oils, essences and flavouring agents.



*A section of the new pharmaceutical research laboratories at Wuppertal-Elberfeld. The institute of parasitology and veterinary medicine (left) was completed only last year and also houses the departments of medical microbiology and immunology and oncology. On the right, the larger building contains the pharmacology institute*

Behind them all is the German Bayer organisation which dates back over 100 years to 1863—the year of the establishment of Friedr. Bayer & Co, manufacturers of aniline dye-stuffs, in Barmen. Starting with one worker toiling over the kitchen stoves of the two founders—dye-stuffs merchant, Friedrich Bayer and dyer, Johann Friedrich Weskott—the company expanded rapidly.

Bayer's investment in pharmaceuticals started in 1887 with the development of phenacetin, from a dyestuff intermediate by chemists Carl Duisberg and Oscar Hinsberg. The pharmaceutical department was established the following year, and in 1896 a pharmaceutical research laboratory was founded.

Although many people think that the Bayer organisation started off at Leverkusen, it was not until 1891 that the 570-acre site was purchased. After the Bayer discovery of aspirin in 1899 the pharmaceutical side of the company became operational in the UK as part of the Bayer Co Ltd, London, founded in 1895.

Throughout the world today the organisation has 75,000 original patents and employs more than 135,000 people world-wide—of whom over 42,000 work at Leverkusen. Pharmaceuticals employ 6,000 with over one-sixth (1,100) being engaged in research. Their world-wide pharmaceutical sales turnover in 1971 was £130m. The company's pharmaceutical research is carried out at a new complex on the outskirts of Elberfeld. Begun nine years ago, about 85 per cent of the centre has now been completed. Approximately £10 million has been invested in the buildings and installations, excluding the cost of equipment.

More than 7,000 substances are tested each year in the biological laboratories for therapeutic suitability. Out of 10,000 substances subjected to primary screening one can reckon on obtaining only one or

two commercial products, says Dr E. Schraufstatter, their director of pharmaceutical research.

For 1972 the research budget for the pharmaceutical division is approximately £8 million.

A few years ago, the high expenditure in each specialised field caused the company to set up a joint research programme in some fields with Rhone-Poulenc in Paris—a move which led at the time to rumours that the two organisations were about to merge.

Looking to the expansion of Bayer pharmaceutical sales in Britain is Dr Geks who says the UK market is important because of its size and because British medicine has one of the highest reputations for scientific standards in the world. A third reason he mentions is that the UK is perhaps unique in being the only large pharmaceutical market with a government-controlled national health service. He forecasts that his company will arrange for a considerable number of clinical trials in British hospitals in the future.

Dr Geks sees the effect of lowering customs duties when UK joins the Common Market as "minimal to the pharmaceutical industry." His real hopes are that there will eventually be far more co-operation between national registration bodies of each member state, thus cutting out costs incurred satisfying the individual requirements of each country which "are an unnecessary and unsatisfactory drain on our resources".

Meanwhile Bayer Pharmaceuticals' managing director, Horst Wallrabe at Haywards Heath (appointed January 1971) forecasts 25 per cent increase in turnover for 1972 over last year. "Up until now," he says, "we have literally been waiting for the Bayer cross, for the end to negotiation which took longer than anyone envisaged. Now that goal is achieved we are setting our sights high."

# PROFESSIONAL NEWS

Pharmaceutical Society  
of Great Britain

## BMA supports improvement in prescription writing

The British Medical Association has taken action to secure improvement in the way prescriptions are written by doctors.

Following discussions between the Society and the British Medical Association on a resolution passed at the Branch Representatives' meeting in 1971, the BMA had sent to the deans of medical schools in the United Kingdom, and postgraduate teachers and advisers, and to a wide range of other bodies in medicine, the following letter:

"The Pharmaceutical Society has courteously drawn the attention of the British Medical Association to the following resolution carried at its branch representatives' meeting:

"That it is the opinion of this meeting that the Council of the Society should forcefully bring to the notice of lecturers in medical schools and others the legal provisions relating to the writing of prescriptions and the need to ensure that prescriptions are written legibly."

"One can only have sympathy with this view of exasperation from pharmacists faced with such irritating problems as are depicted in the copies of actual prescriptions in the appendix to this letter. These prescriptions are either illegal or illegible or both. As a profession we cannot be proud of such lack of consideration for our pharmaceutical colleagues, and obviously every attempt must be made to put right these sort of incidents which are repeated many times each day all over the country."

### Extra work

Not only is the pharmacist caused unjustifiable extra work and worry by such prescriptions, but patients are often put to great inconvenience as the result of inevitable delays. It is hoped that all those who teach students, both undergraduate and postgraduate, will ensure that full and clear instruction is given in these matters, and that the opportunity will be taken to obtain the services of practising pharmacists both within and without hospital. This plea is directed to those who teach undergraduates in medical schools, those who teach undergraduates in general practice, those who teach postgraduate students, and especially those who are responsible for junior medical staff.

"Finally, and by no means least, all doctors wherever they practise are urged to give thought at all times when prescribing to make their prescriptions legible, complete and legal."

The general practice subcommittee welcomed the action taken by the BMA, when the matter was reported to the April meeting of the Society's Council. In reply to representations by the Society about similar brand names being used for medicinal products of different compositions, and which were intended to be sold over the counter, the pharmaceutical assessor to the Committee on Safety of Medicines had written to say that the dangers had been known to the committee for a long time. He said the committee could do nothing in the majority

of cases regarding the selection of the brand name, but if it appeared that there may be a hazard from the selection of a brand name for a product closely similar to a brand name for a different product they would take action informally. In the event of the problem not being resolved in the secretariat, it might be put formally to the Committee for their advice.

The general practice subcommittee had discussed the procedure to be followed under the "NP" labelling convention when a preparation which called for dilution was prescribed. It was agreed that when the prescription was written in such a way that several ingredients were given, one of which might be a diluent, the NP convention did not apply and the "formula" would not be disclosed.

### Percentage indication

On the other hand, where a prescription for a liquid preparation was written with a dose indicated of less than 5ml the pharmacist would dilute the preparation on his own initiative. In such cases it would be appropriate for the label of the medicine to indicate that the bottle contained, for example "linctus . . . 50 per cent" or the relevant percentage. This would indicate to the prescriber if the container was examined by him that the preparation had been diluted in accordance with the accepted convention.

It was recommended that the first meeting of the membership group for pharmacists engaged in industry should be held in the Society's House, Bloomsbury Square, London, at 7pm on May 16. The speaker would be Mr A. G. Fishburn, principal inspector, medicines inspectorate, Department of Health, whose subject would be "Developments in legislation and pharmacists in industry".

While discussing the question of pre-registration experience, the subcommittee had given its opinion that the Society should make representations to the Department setting out the case for grants to be made available from the Department to the proprietors of general practice pharmacies to assist towards the additional expense of supervising pharmacy graduates undertaking their preregistration experience.

The Ethical Committee recommended that the Society's policy that no medicinal products should be offered for sale on a self-service basis should be set out in a letter to the general sale list committee of the Medicines Commission. The letter would also express the concern of pharmacists over the methods used in the sale of medicines in outlets other than

pharmacies, which led pharmacists to believe that any effort they made in the interests of the public were nullified.

The Committee, reported the chairman, Mr W. A. Beanland, was concerned that some pharmaceutical companies were not following the Council's advice on the sale of medicines. The Committee also considered the possible result on the general sale list of developments in the self-service of medicines in pharmacies. It was recommended that the attention of the companies already offering medicines on self-service should be drawn to the Society's policy and that it should be pointed out to them that their action did not help the Society in its representation to the Department of Health on matters regarding the safety of medicines.

The Science Committee was told that a recommendation to include in the next British Pharmaceutical Codex a diamorphine and cocaine elixir had been referred back by Council at its February meeting. Objection had been raised on the grounds that publication of a BPC formula for diamorphine and cocaine elixir would make some pharmacists feel obliged to keep a stock of diamorphine hydrochloride so as to meet orders without delay. The Committee did not agree; it did not feel that the inclusion of such a monograph would stimulate demand for the preparation nor that it would always be necessary to hold stocks of diamorphine in pharmacies as in most areas wholesalers could provide a supply at very short notice. The recommendation was confirmed.

When the Council discussed the recommendation, the vice-president, Mr J. P. Kerr, moved by way of amendment that the Revision Committee should be instructed not to include a monograph.

Mr K. A. Lees, supporting the recommendation, said in view of the multitude of formulas which existed, it was felt wise to standardise the preparation.

After further discussion, the recommendation was adopted.

A document prepared by the Committee on Pharmaceutical Analysis on a comprehensive scheme for inspection and sampling of medicinal products (other than from manufacturing and wholesaling establishments) had been received and discussed. It was recommended that the document should be sent to the Department of Health and that attention should be drawn to the view that the present testing of dispensed medicines under the National Health Service Acts and enforcement under the Pharmacy and Medicines Act 1941, if it continued, could be incorporated in the proposed scheme.

## Council election

We regret that the last line of Mr C. C. B. Stevens' policy statement was omitted from last week's coverage of the Pharmaceutical Society's Council election. The final sentence should have read: "I believe that with my qualifications, training and past experience I am particularly fitted to make a worthwhile contribution in these spheres to the work of the Council and to improve the future of pharmacy."

# Spice users warn producers 'improve your hygiene'

Mr S. P. Wands, American Spice Trade Association, New York, sounded a warning note to producers of spices that they must improve the cleanliness of their cargoes before shipping if they want to keep their US trade.

Mr Wands who was addressing delegates to the International Spice Conference which opened in London last week (*C&D*, April 15, p 539) said that the *per capita* consumption of spices in the US had risen from 18.4 to 28.8oz per year in the last decade.

Of the imported spices Mr Wands said there had been disquiet that too much "filth" was included and the Food and Drug Administration had been very active lately in tightening up standards of cleanliness. From now until June, the FDA were examining six spices which go into meat products at 30 companies. He understood that the examination would be at every stage from the crude spice to the finished article. The FDA's findings could well form the basis of new standards for those spices.

The US market was worth \$150m a year but if the standard of imports did not improve soon he envisaged that figure would fall by a half because the processors were bound by the FDA rules.

The "dirt", he said should be taken out of the cargo before it was shipped and not be left to the consumer to do this.

Surveying recent developments in spices in Ceylon, Mr R. O. B. Wijesekera of Colombo said that Ceylon expected her export earnings from spices to increase considerably during the coming years with the setting up of a proposed spices board by the Ceylon Government who had a planned programme of development for these items.

Although spice exports had increased from 1 per cent of total exports to between 2 and 3 per cent in the last five years the island was spending an equivalent sum on imports of chillies. Crops of chillies were now being grown and production was being stepped up so that by 1976 it was expected to be about 25,000 tons against the present 6,250 tons.

Cinnamon had always been the main crop in Ceylon supplying 60 per cent of the world's requirements against Seychelles' 35 per cent. The launch into diversified crops helped by Food and Agricultural Organisation included crops of cardomoms which had been accepted, he said. Some 12,000 acres were devoted to the crop.

There were now several private producers of essential oils and the amount distilled was expected to increase while standards were being formulated for all oils and spices.

## Pepper market

World trade in pepper amounted to 80,000-90,000 metric tons a year valued at around US \$55m. The quantity dropped to 60,000 tons in 1970 reflecting the sharp fall in Indonesian exports due to disease that year. A paper by Mr C. Mahendran, Federal Agricultural Marketing Agency, Malaysia, read by Dr De Waard of Am-

sterdam, also mentioned that there were signs of a recovery last year in Indonesian exports.

Since 1968 Malaysian pepper exports had exceeded 25,000 tons a year, the bulk going to Singapore.

Indian production of the spice fluctuated between 17,000 and 25,000 tons a year. Domestic consumption was 8,000-10,000 tons. Of her exports 60-70 per cent went to USSR and Eastern Europe compared with 30 per cent in the early 1960s.

Singapore's importance as a pepper centre is seen by the fact that 20 to 40 per cent of exports from producing countries passes through her port. The US market takes up to 25,000 tons a year or more than 30 per cent of world requirements. Indonesia has replaced India as the major source of black pepper but the fastest growth in imports by US had been from Brazil. The bulk of white pepper imports originated in Indonesia.

Dr T. T. Paulose, directorate of Areca-nut and Spice Development, India, in his paper on pepper cultivation in India said that recently a hybrid vine called panniyur-1 had been evolved in the subcontinent. The yield from the new vine was expected to be about four times more than the yield from other varieties. The quality of pepper obtained was also superior. Steps were

being taken for the large scale multiplication of the vine for general cultivation.

Dr Paulose also read a paper on ginger cultivation. He mentioned that two new "exotic" varieties—Rio de Janeiro and China—were under cultivation. They were high yielding but "shrank considerably when drying".

Among the contributions on the first day was a paper by Dr R. Hardman, reader in pharmacognosy, University of Bath.

He dealt with two aspects of spices first by identifying *in situ* the secretory organs responsible for the aroma and secondly by giving an account of the use of those spices and their essential oils used in medicine today.

Spices and herbs provided pleasant beneficial flavouring agents for medicines frequently in the form of their essential oils, he said. Many diseases, psychosomatic and psychological, were accompanied by loss of appetite; a combination of a bitter and oils could be used to stimulate appetite, for example nux vomica elixir.

Asked how he saw the future for such medicine Dr Hardman said they filled a very useful role particularly in many underdeveloped countries overseas where doctors and pharmacists were few in number.

From the floor it was agreed that the frequent suggestion made by historians that spices in olden times were used to cover up food that might not be as fresh as today, should be quashed.

□ Quote of the week by Dr R. O. B. Wijesekera, Ceylon, when told that cloves from Ceylon cost twice as much as from elsewhere replied "I can only remind you of the Chinaman who said 'Good things no cheap, cheap things no good'".

## British Society for the History of Pharmacy

# Medieval medicine

Most people had the impression that the medieval period was merely a barbaric period but that was nonsense, said Dr C. Talbot at the weekend conference of the British Society for the History of Pharmacy held at Exeter University, April 14-16. Much of the medicine was based on "classical medicine" derived from tracts that had survived from the Greek and Roman periods, he said.

The production of books was an economic problem—a book of any size required a large flock of sheep to provide the vellum. The tracts and small books that were available were written in question and answer form and the teaching was by commentary in the tracts.

Travellers were often asked to bring back abridged copies of larger works that were available in the centres of learning. It had often been said that the division between medicine and surgery was due to the Church, but Dr Talbot disagreed, he pointed out that surgery was considered a manual craft and was kept out of the universities.

The early university accounts of Paris and Vienna contained no references to dissection. Yet a dissection would involve the hire of surgeons, lecturers and the purchase of candles. There would also be the costs of church services and burial.

Surgeons did not disclose their techniques. "If you have a technique that nobody else has you are going to make money," explained Dr Talbot.

There was a history of medicine and nursing in the abbeys and later surgeons and physicians were employed by municipalities to treat the poor, but after the Reformation "nursing fell apart" and it was not until Florence Nightingale that good nursing re-emerged.

To set the local scene Dr J. Youings, Reader in History, Exeter University, in the first paper described medieval Devon.

During 1732 according to the taxation rolls, the average amount paid by pepperers was 40 shillings whereas spicers paid 30 shillings, however Professor Trease warned against the deduction that pepperers were richer since the taxes were paid on goods

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and spicers might well have received a greater return on the goods they declared. During the reign of Henry III the word apothecary rarely occurred but under the free Edwards it was increasingly used and often the same person was sometimes called an apothecary and sometimes a spicer. Professor Trease felt that a spicer probably concentrated on heavier goods. During Edward III the Guild of Pepperers disappeared and the grocer appeared.

Spices were often only part of the stock in trade of spicers who often handled drugs, medicines, perfume, dyestuffs, sugar, rice and candied ginger. Pepper and oriental spices were used in Roman Britain and by the 13th Century many important trade routes had been opened up and spices were being brought to England through Montpellier and Venice.

A study of surnames was often confusing for the same person was often referred to under different titles in different documents. Professor Trease referred to his discovery that a spicer's shop existed in Exeter in the High Street in 1263 and in 1285 the same shop was owned by a spicer apothecary.

Members of the Society, on Saturday afternoon visited the Exeter Record Office and were shown a display of antiquities that included seals, old documents including inventories of apothecaries and spicers together with a number of old agreements relating to the sale of medicines. Members were also shown and had described the "archaeological digs" being carried out near Exeter cathedral—where the site of a Roman bath has been found.

Before enlivening the evening with a description of a medieval feast members were given samples of the preparation by Miss M. Watson. Miss A. Hutton also contributed to the illustrated story "That the apothecary do remember his office is only to be the physicians coke".

At the annual meeting of the Society it was agreed to increase the committee from nine to 12 members and the following were elected:—Miss A. Hutton, Miss M. Watson, Mrs J. Burnby, Mr D. E. Sparshott, Mr A. Wright, Dr Charles and Mr J. Bloomfield were re-elected to the committee.

## MARKET NEWS

### Shortage of bois de rose oil

London, April 19: There were no shipment offers of Brazilian bois de rose oil during the week and none are expected until June-July. Spot supplies are virtually unobtainable. Brazilian peppermint for shipment at £1.57/kg, cif, was slightly easier. In crude drugs Brazilian menthol was lower at £4.05/kg on the spot. There were adjustments in ginger, ipecacuanha and cardamom prices. Quillaia was offered on the spot after a considerable absence. Gentian rose £5 ton.

#### Crude drugs

**Benzoin:** BPC, £36 cwt; £31-£32, cif.  
**Cardamoms:** (Per lb cif) Alleppy greens No 1, £0.80; prime seeds £0.90.  
**Ginger:** (ton) Cochin £215, cif, Jamaican No. 3 £1,050 spot; £830, cif, Nigerian split £160, cif; peeled £300 spot; £255, cif.  
**Ipecacuanha:** (per lb) Matto Grosso £2.60 spot; £2.50, cif, Costa Rican £2.30 spot; £2.15, cif.  
**Menthol:** (kg) Chinese spot £5.90 shipment £5.80, cif, Brazilian spot £4.05; April-May £3.90, cif.  
**Pepper:** (ton) Forward Sarawak black £360 spot; £317.50, cif; White £470; £452.50, cif.  
**Quillaia:** £375 metric ton spot.

#### Essential oils

**Almond:** Drum lots £0.60 kg.  
**Amber:** Rectified spot £0.33 kg.  
**Birch tar:** Rectified £0.35 kg.  
**Bois de rose:** Virtually unobtainable.  
**Buchu:** English distilled, £255 kg.  
**Cade:** Spanish £0.42 kg.  
**Cajuput:** £1.20 kg on spot.  
**Camphor white:** Spot £0.36; £0.30 kg cif.  
**Cananga:** Java £5 kg, cif.  
**Caraway:** Dutch £6.50 kg; English £18 kg.  
**Cardamom:** English distilled £45 kg; Indian £46.50.  
**Cassia:** Chinese 90 per cent, 85 per cent £2.05; £2.20 kg, spot.  
**Celery:** English £27 kg; Indian £19.  
**Cinnamon:** Ceylon leaf £1.30 spot, £1.24 cif, Seychelles leaf rectified £2.75; bark, English distilled £88, Chinese £1.10 spot; £0.95, cif.  
**Citronella:** Ceylon spot £1.05 kg; £0.95, cif, Chinese, £1.10; £0.93, cif.  
**Clove:** Madagascar leaf £1.20 kg; £1.11, cif, English distilled bud £17.60.  
**Cod-liver:** BP in 45-gal lots £31.50 naked.  
**Corlander:** £9.35 kg spot.  
**Geranium:** (kg) Bourbon £16.25 kg; Congo £13.75, cif.

**Lemongrass:** £2 kg spot; May-June £1.77, cif.  
**Peppermint** (per kg) Arvensis Chinese. Spot £2.50; £2.30 cif, Brazilian £1.65 spot; April-May £1.57 cif, American Piperata from £3.85.  
**Petitgrain:** £2.80 kg spot.

## COMING EVENTS

#### Monday, April 24

**Harrow Branch, Pharmaceutical Society,** Northwick Park Hospital, Watford Road, Harrow, at 8pm. Annual meeting.  
**Nottingham Branch, Pharmaceutical Society,** 64 St James's Street, Nottingham, at 7.30pm. Annual meeting.

#### Tuesday, April 25

**Fife Branch, Pharmaceutical Society,** Oller-ton Hotel, Kirkcaldy, at 7.30pm. Annual meeting and film by Roche Ltd.  
**Sheffield Branch, Pharmaceutical Society,** Royal Victoria Hotel, Sheffield, at 8pm. Annual meeting.

#### Wednesday, April 26

**Brighton and Hove Branch, Pharmaceutical Society,** Dudley Hotel, Hove, at 7pm for 7.30pm. Annual dinner and dance.  
**Manchester Jewish Pharmacists Association,** Boyd House, Upper Park Road, Victoria Park, Manchester 14, at 8.30pm. Talk on "Drugs and the Police" by Detective Inspector Dampien.  
**National Pharmaceutical Union,** Mallinson House, 321, Chase Road, London N14 6JN at 5.30pm. Area meeting and display of N.P.U. business aids.

#### Thursday, April 27

**Bedfordshire Branch, Pharmaceutical Society,** Red Lion, Upper Sundon, Luton, at 8pm. Annual meeting.  
**Bristol Branch, Pharmaceutical Society,** Dyrham Lodge, 16 Clifton Park, Bristol, at 8pm. Annual meeting.  
**Doncaster, Goole Branch, Pharmaceutical Union,** Danum Hotel, Doncaster, at 8pm. Talk by Mr K. R. Rutter, on "Value-added Tax".  
**National Pharmaceutical Union,** Belle Vue Banqueting, Bavaria Suite, Hyde Road, Manchester, at 7.30pm. Discussion on the Voluntary Trading Organisation.  
**Thames Valley, Pharmacists Association,** Winthrop House, Surbiton, at 8pm. Talk and demonstration on "Antique furniture".

#### Sunday, April 30

**National Pharmaceutical Union,** Hotel St. George, Harrogate, at 3pm. Discussion on the Voluntary Trading Organisation.

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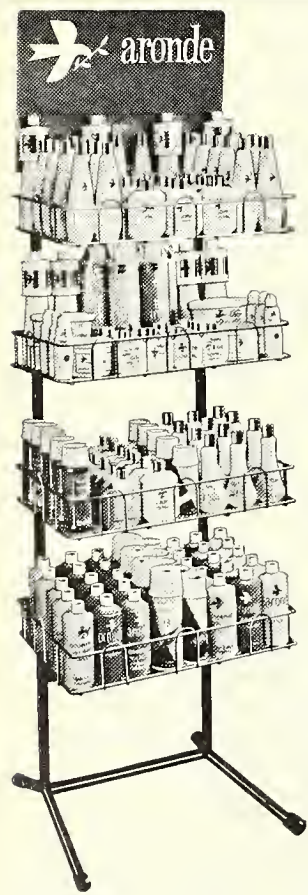
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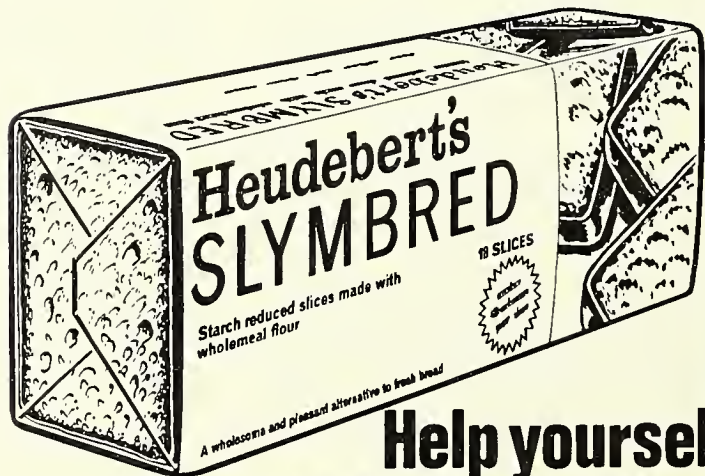
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